



LEAd POINTS APPLICATION FORM

Dear Sir,

I wish to apply LEAd Points for the following:

Event Name :	
Date :	
Venue :	
Type of Event :	Competition <input type="checkbox"/> Event/ Activity <input type="checkbox"/> Others: _____

- Please attach copy of the event details e.g. program, proposal or any evidence.

Applicant's Particulars	
Name :	
Position :	
Contact No :	
Applicant's Signature :	

Student Development & Services Department	
Checked by: _____	Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____
Name:	Name: Clement Langet Sabang
Designation:	Designation: Head of Student Development & Services
Date:	Date:
Remarks:	

- To be filled **ONE** week before event.

