Student Leave Application Form

1. Student Details   Date: ___/___/_____

- **Name:** _____

- **Roll Number:** _____

- **Course & Year:** _____

- **Department:** _____

- **Contact Number:** _____

2. Leave Details

- **Type of Leave:**
  ☐ Sick Leave   ☐ Casual Leave   ☐ Other (Please specify): _____

- **Leave Start Date:** ___/___/____ **Leave End Date:** ___/___/____ **Total No. of Days:** ____

3. Declaration

I hereby declare that the information provided above is true and I request you to kindly grant me leave for the mentioned period.

Student's Signature: _____	Parent's/ Guardian Signature: _____
Date: ____/ ____/ _____	Date: ____/ ____/ _____

4. Recommendations & Approval

Guardian Faculty Member (GFM):	Class Teacher:	Head of Department:
Remark: _____	Remark: _____	Remark: _____
Signature: _____	Signature: _____	Signature: _____

Instructions:

- Submit the form to your Class teacher at least 2 days in advance, except in emergencies.

- Attach supporting documents (medical certificate, etc.) if applicable.