KM COLLEGE OF TEACHER EDUCATION

Valillapuzha, Areekode, Malappuram – 673639
(Affiliated to University of Calicut & Recognised by NCTE)

STUDENT LEAVE APPLICATION FORM

Name of Student:		**Roll No.:**	
Class/Semester:		**Optional Subject:**	
Date(s) of Leave:		**Total No. of Days:**	
Reason for Leave:			

I request permission to grant me leave for the above-mentioned period.

Date: _____ Signature of Student: _____

Place: _____ Parent/Guardian Signature: _____

Recommendation of Class Teacher:	■ Recommended ■ Not Recommended
Signature of Class Teacher:	_____
Principal/Head of Institution:	■ Leave Granted ■ Leave Not Granted
Signature:	_____ Date: _____

OFFICE USE

Leave Entered in Attendance Register:	■ Yes ■ No
Attendance after Leave:	_____ %