

marian college kuttikkanam (Autonomous)

STUDENTS APPLICATION FOR LEAVE

From: Name.....Cl. No..... Course.....

To The Class Teacher..... Class.....

Sir,

As I am/have to

.....

.....

.....

I request you to kindly grant me leave of absence for.....

.....(Date/dates).....

Obediently yours

Date:

Signature

.....

Name.....

No. of leaves already availed :

Recommendation of Parent/Guardian :

(Recommendation of Warden, If a hostler)

Signature :

Name :

Is the Medical Certificate enclosed ? :

Recommendation of Class Teacher :

Name and Signature :

Order of the Principal