

IXCEL CENTRE FOR PROFESSIONAL STUDIES

STUDENT LEAVE OF ABSENCE REQUEST FORM

Parents/Guardians/Students have a legal responsibility to ensure that their children/themselves receive a full, uninterrupted education and the institution has a statutory duty to check for reasons of absence. A parent/student can request a leave of absence for an exceptional circumstance.

Student Name		Course										
Register No	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px; text-align: center;">-</td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px; text-align: center;">/</td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-				/			Module	
		-				/						

Reason for request:

No. of days requested	Start date	End Date																				
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Name and Signature of Parent/Gaudian	Student above 18 can sign here	Date																
Phone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>									<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">/</td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>			/					
		/																
		Email ID																

For Office Use only	
Students attendance record for this current module so for:	
Authorised absences till date:	Unauthorised absences till date:

This Request:	Approved <input type="checkbox"/> yes <input type="checkbox"/> No	Reason for Approval/Disapproval
	Disapproved <input type="checkbox"/> yes <input type="checkbox"/> No	
Student Advisor		
Faculty / Dean		



LEAVE LETTER

Student leave of Absence [After Leave]Place :
Date :

From

Name (in CAPS) :
Register Number :
Year :
Department of Arts and Science, IXCEL.

To

The Faculty Head
Department of Arts and Science, IXCEL.

Through: The Faculty Advisor

Respected Sir,

I request you to grant me leave for ___ day/days on/from _____ to _____ for the following reason (tick whichever is applicable):

- I would like to attend the family function _____
- I would like to go to my native place _____ for _____
- I would like to go for Official Trip/Workshops, _____, etc with my Colleagues. (Invitation Letter or Certificate must be submitted for more than 2 days)
- I am suffering from _____
_____. (Medical certificate must be produced if exceed more than two days)
- Any other reason _____

Thank you

Yours Obediently,

Signature of the Student

<p><i>I agree the above fact and his/her leave on the above said days with my knowledge. I know that my ward must have secured minimum 80 % of attendance which is eligible for appearing University Practical/Theory examination.</i></p> <p style="text-align: right;">Signature of the Parent/Guardian</p> <p>Name (in CAPS) : Relationship : Contact Number :</p>	<p style="text-align: center;"><i>Forwarded / Recommended to the DEAN</i></p> <p style="text-align: center;">Signature of the Faculty</p>
	<p style="text-align: center;">Signature of the DEAN</p>