

LEAVE APPLICATION FORM FOR STUDENTS

Date: _____

To,
The Principal
St Pauls College for Women
Bandra
Mumbai 400 050

Respected Principal,
I have been absent from college from _____ to _____ Total _____ days and
I have taken leave for the following reason _____
Kindly excuse my absence.
Name of the Student: _____

Class: _____ Division: _____ Roll No: _____

Contact no of Student: _____ Contact no of Parent: _____

Signature of the Parent: _____ Name of the Parent: _____

Yours Faithfully

(For any leave taken to participate in Academic/ Cultural/Sports/NSS/DLLE/College fest/Conference/ events to represent college,)

Name of the event: _____ Date of the event: _____

Name of the Faculty-in-charge _____

(Signature of the Faculty-in-charge) _____

Name of the Mentor _____

Signature of the Mentor _____

Signature of the Programme Coordinator _____

Signature of the Principal _____

Note:

1. All letters must be addressed to the Principal but to be submitted to the Class Mentor.
2. In case of Leave on medical grounds, an authentic Doctor's Certificate should also be attached within three days of resuming classes. If the leaves are taken more than three days, the students should submit the documents directly to the office of the principal.