



UNIVERSITY COLLEGE OF ENGINEERING, THIRUKKUVALAI
(A Constituent college of Anna University, Chennai)

STUDENTS LEAVE FORM

NAME OF THE STUDENT :

SEMESTER/DEPARTMENT :

REGISTER NO :

PARENTS/GUARDIAN CONTACT NO:

LEAVE APPLIED FOR :DAYS...../DATED.....TO.....

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(In Case of Medical Leave Enclose Medical Certificate).

STUDENT

PARENTS/GUARDIAN

WARDEN

CLASS CO ORDINATOR

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