

# THE COCHIN COLLEGE, KOCHI-2

## Student Leave Application Form

Name	:	
Admission no.	:	
Class no. & Batch	:	
Course of Study	:	
No. of days for which leave is sought <b>(with dates)</b>	:	
Reason for Leave (In case of medical grounds, attach medical certificate)	:	

Place:

Date:

(Student's Signature)

(Parent's Signature)

**Recommendation of concerned teachers:** *(Strike off wherever not necessary)*

Day & Date	Period 1	Period 2	Period 3	Period 4	Period 5
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

**Recommendation of Class teacher:**

**Principal's Orders:**