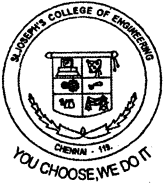


You Choose, We Do it



St. JOSEPH'S COLLEGE OF ENGINEERING

ISO 9001 : 2008 Certified Institution

JEPPIAAR NAGAR, OLD MAMALLAPURAM ROAD,
CHENNAI - 600 119.



2010 - 11

Specimen copy (take Xerox)

STUDENTS' LEAVE FORM

1. Name of the Student : _____
2. Roll Number : _____
3. UG / PG : _____ Course : _____
4. Year / Branch : _____
5. Section : _____
6. Total number of leave / absent have taken so far : _____ days
7. Days available at present (8 - =) : _____ days
- } *Sign. of Year In-Charge*

Need for Leave	<u>Day</u> (or)	<u>Days</u>	Year In-Charge Comments
	On : _____	From : _____ To : _____	

Note:

1. **For one day leave**, the leave letter should be submitted one day before with students' signature or on the same day with parents' signature.
2. **For two days leave**, the leave letter should be submitted one day before or on the day with parents' signature.
3. **For three days and above**, Parents should come in person and meet the Director.
4. For more details refer College Calendar.

Signature of the Parent:
(Hostellers should attach Parents' Letter)

Signature of the Student

Counsellor
Name:

HOD (Student Affairs)
Name:

DIRECTOR