



AMRITA
VISHWA VIDYAPEETHAM
K O C H I C A M P U S

SCHOOL OF ARTS, HUMANITIES & COMMERCE

SCHOOL OF PHYSICAL SCIENCES

SCHOOL OF COMPUTING

Application for Leave of Absence (for students only)

| | | | | |
|---|-------------------------------------|--|--------------------------------------|------------------|
| Name: _____ | | Hostel Resident <input type="checkbox"/> | Day Scholar <input type="checkbox"/> | Roll No. _____ |
| Semester: _____ | Class: _____ | | Branch: _____ | |
| No. of Days: _____ | | From _____ To _____ | | |
| No. of Hours: _____ | | From _____ To _____ | | Date: _____ |
| Nature of Leave: (Tick one) | <input type="checkbox"/> Duty Leave | <input type="checkbox"/> Medical Leave | <input type="checkbox"/> Any Other | |
| Reasons: _____ | | | | |
| Signature: _____ | | Signature: _____ | | Signature: _____ |
| Student | | Parent | | Warden |
| Signature of the Faculty handling classes | | Genuineness verified and Recommended by | | Recommended |
| | | Class Counselor / Faculty Coordinator | | Sanctioned |
| | | | | Chairperson |
| | | | | Director |

I as Parent / Guardian of state that I am fully aware of the fact that my ward will not be able to take the End Semester Examination, if he/she fails to have **75%** attendance.

Signature of the Parent / Guardian