**Student Leave Form**

Office copy:

Name: ...............................................................................

Enrollment No. ....................Year/Course.........................

Destination.......................................................................

Leave: w.e.f ......................... to.......................................

Purpose: .............................................................................................................................................................................................................................................................................................................................................................................................................................

Details of Parents/Guardian:

Name:.....................................................................................

Occupation:...........................................................................

Organization:........................................................................

Telephone/Mobile No..........................................................

 Signature of student

Remarks/Approved by:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After reporting

Remarks by Resident Tutor:

Date/Time:

**Student Leave Form**

Student's copy:

Name: ...............................................................................

Enrollment No. ....................Year/Course.........................

Destination.......................................................................

Leave: w.e.f ......................... to.......................................

Purpose: ...........................................................................................................................................................................................................................................................................................................................................................................................................................

Remarks/Approved by:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Parents/Guardian:

Name:.....................................................................................

Occupation:...........................................................................

Organization:........................................................................

Telephone/Mobile No..........................................................

Signature of parents/Guardian

Date:

Note: This form must be submitted to the Resident Tutor when you report back

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