ST. THOMAS COLLEGE, KOZHENCHERRY
STUDENT LEAVE APPLICATION FORM

1. Student Details

Name of Student: _____

Programme (UG/PG): _____

Semester: _____

Roll Number / Register Number: _____

Department: _____

2. Leave Details

Type of Leave: ☐ Medical ☐ Personal ☐ Other (Specify): _____

Date(s) of Leave Requested: From _____ To _____

Total Number of Days: _____

3. Reason for Leave

4. Parent/Guardian Declaration

I hereby confirm that I am aware of my ward's leave request.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

5. Student Declaration

I declare that the information provided above is true.

Signature of Student: _____ Date: _____

6. Recommendation & Approval

Class Teacher's Remarks:

Signature: _____ Date: _____

Head of Department's Remarks:

Signature: _____ Date: _____

Principal's Approval: ☐ Approved ☐ Not Approved

Signature: _____ Date: _____

IMPORTANT NOTE: As per college regulations, a minimum of **75% attendance** is mandatory for **Contesting in College Union Elections** anf **Applying for University Examinations**. Students are advised to apply for leave responsibly and maintain the required attendance percentage.

For office use:_____