

**ANNA UNIVERSITY**  
**UNIVERSITY COLLEGE OF ENGINEERING RAMANATHAPURAM**  
**PULLANGUDI, RAMANATHAPURAM – 623 513**

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Date:

**COLLEGE LEAVE FORM**

1. Name of student :
2. Register number :
3. Branch :
4. Semester :
5. Year :
6. Are you hosteller or day-scholar :
7. Number of days leave applied :
8. Date(s) of leave :
9. Reason for leave :  
(Attach certificate obtained from registered  
medical practitioner for medical leave)
10. No. of days leave already availed  
during this semester :

Signature of student with date

Signature of  
Class Advisor

Signature of  
Dy. Warden (if Hosteller)

Signature of  
HoD