



University of Engineering and Technology, Taxila

Department of Electrical Engineering

Chairman Office

Phone: (051) 9047535

Fax: (051) 9047420

LEAVE APPLICATION FORM (Students)

Name: _____

(In block letters)

Regn No: _____

(Write complete format)

Class/Section: _____

No of Lectures:

(in case of short leave)

Leave from: _____

To: _____

No. of

Days: _____

Reason: _____

Detail of Documents/

Proof: (if any then attached) _____

Date: _____

Applicant's Signature

Approved leave will not be considered while calculating 75% attendance which is minimum requirement to undertake end semester exam. However the student will not be charged any fine against approved leaves. If any of the students was unable to take the test/quiz on due date and he wants to retake the test, he should strictly consult his course teacher.

(For Office use only)

Serial No: _____

Recommended/ Not Recommended

Class Adviser : _____

Approved/Not Approved

(CHAIRMAN EED)