



Student Absenteeism Justification

Student's Name: _____ Badge No.: _____
 Academic No: _____ Course / Batch () Group : ()
 Mobile No: 1- _____ 2- _____ Home No.: _____
 E-mail : _____
 No. of Days of Absence: () days.

Days	Dates

Missed
 Lectures Sessions

No	Day / Date	Course Name	Course Code	Time	Instructor name
1.					
2.					
3.					

Student Signature : _____

ADMINISTRATIVE USE ONLY

Received By:
 Name: _____
 Badge No.: _____
 Date : _____
 Signature: _____

Approval:

Approved Disapproved Other (Specify under comments)

Comments

Remarked By:

Signature: _____