

**RAJIV GANDHI UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**ABSENCE FORM**

Date: \_\_\_\_\_

Name of student: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Examination Date: \_\_\_\_\_

Name of Sponsor/Guardian: \_\_\_\_\_

Contact number (s) of Sponsor/Guardian: \_\_\_\_\_

State the reason for your upcoming absence from examination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you missed any examination (s) in the past semesters or this current semester for reasons other than health issues?

Yes  No

Give reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**

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**For Official Use**

I, the undersigned hereby approve/ disapprove this request. If you the student is not satisfied with this decision, you are eligible for an appeal.

\_\_\_\_\_  
**Dean's Signature**

\_\_\_\_\_  
**Date**