**SRM INSTITUTE OF SCIENCE AND TECHNOLOGY**

*TIRUCHIRAPPALLI CAMPUS*

**NEAR SAMAYAPURAM, TIRUCHIRAPPALLI - 621105**

**Parent/Guardian Information:**

* **Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Low Attendance:**

(Please provide a brief explanation regarding your child’s attendance percentage being below 75%.)

**Undertaking:**

I,……………………………………… parent/guardian of …………………………………., a student in ……………………………….. at ……………………………., acknowledge that my child’s attendance has fallen below the 75% threshold.

I understand the importance of regular attendance to academic success and commit to taking the necessary steps to improve this situation. I will ensure my child attends class regularly and communicate with mentors to address barriers to attendance. I abide by the regulations of university examinations

Thank You,

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_