

Uva Wellassa University

Submission of Medical Certificates for Absence at Semester Examination

- 1. Name with Initials :
- 2. Address :
- 3. Contact Number :
- 4. Name of the Faculty :
- 5. Name of the Degree Programme :
- 6. Registration No. :
- 7. Year and Semester of Examination :
- 8. Total Number of Days of Absence :

Date of Examination	Course Code	Course Title	Reason(s) for Absence	Medical Certificate Submitted (Yes/No)

I certify that the information given above is true and correct, and I am aware that my medical certificate will not be approved if any of the above is found to be incorrect.

Date:.....

Signature of the Applicant :.....

* Please submit this form within 14 days after the last date of semester examination .