

Ref No:

**Excuse for Not Attending Lectures/ Practicals/  
Continuous Assessments  
Faculty of Technological Studies  
Uva Wellassa University**

**Name :**

**Registration No :**

**Department :**

**Semester :**

**Academic Year :**

**Duration : From –**

**To –**

**Reason :**

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(Medical report or a valid supportive document/s must be attached)

**Details of the academic activities not attended.**

Course Code	Course Title	Lecture/Practical/CA	Date

**Signature of the Student :**

**Date :**

**Recommendation by the Mentor:** .....

.....

**Name**

**Signature**

**Date**

.....  
**Head of the Department**

(This form should be submitted within 14 days from the 1<sup>st</sup> day of absence)