

Reference Number

**FACULTY OF ANIMAL SCIENCE AND EXPORT AGRICULTURE
UVA WELLASSA UNIVERSITY**

**SUBMISSION OF MEDICAL CERTIFICATES
BEEING ABSENT FOR LECTURES/PRACTICALS/MID EXAM/QUIZZERS**

Name with initials					
Registration No.					
Current Studying Level	1 st year	2 nd year	3 rd year	4 th year	
Department	ANS		EAG		FST
Degree Programme	ANS	AQT	EAG	TEA	PLT
No of Days being absent for lectures					
Reason					
Mention whether the Medical is obtained	Government <input type="checkbox"/>	Private <input type="checkbox"/>	UWU Medical Centre <input type="checkbox"/>		
Contact No.					
Please complete the details regarding subject/s absent for on overleaf					
Signature of the Student			Date		

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Checked & Received by	Signature	Date	
Approved		Faculty Board Number and Date	
Yes	No		
Remarks			

