Medical Submission for the non-attended Examinations (UCR)

Examination- ……………………………………………………………

Student Name	
Registration Number	
Medical Reason	

Absent Module (Name and Code)	Examination and Dates

Date –		Student Signature-	

Recommendation of Course Coordinator	Recommended/ Not Recommended		
Date-		Course Coordinator Signature-	

Date -		Assistant Registrar Signature-	

Approval of the Medical Officer (UCR)

Approval	Yes/No
Comment	

Date -		Signature-	