

Medical Submission for Attendance (UCR)

Student Name			
Registration Number			
Medical Reason			
Absent Module/Modules Name and Code			
Absent Date / dates for Lectures			
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-	