**P**

**SCHOOL OF CHEMISTRY**

**Sophister Certification of Absence Form**

**Please select:**

**Med Cert (Please attach the original doctor’s certificate to this form)**

**Self-Cert (Please see your handbook for details on Med Certs/Self Certs)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Student No.:** |  |
| **Course:** |  | **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Period covered by certification:**  **(inclusive)** | **From:** | **To:** |
|  |  |

**Labs missed during this period:**

|  |  |  |
| --- | --- | --- |
| **Module code:** | **Lab Supervisor:** | **Date:** |
|  |  |  |
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|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Reason for absence:** |  |

**Have you contacted your lab supervisor or demonstrator regarding your absence?**

|  |
| --- |
|  |

**Signed: Office Stamp:**

|  |
| --- |
|  |

**Date:**