



### SCHOOL OF CHEMISTRY

## ABSENCE FROM COLLEGE - MEDICAL CERTIFICATE

STUDENT NO.

STUDENT NAME

YEAR (eg JS or SS)

e-MAIL

COURSE

TUTOR NAME

PERIOD COVERED BY MEDICAL CERTIFICATE (INCLUSIVE)

FROM

TO

MODULES MISSED DURING ABSENCE

MODULES	LABS	DATE	LECTURE	DATE	TUTORIAL	DATE
eg CH3301 ...	eg LAB A...		eg CH1101...		eg T2 ...	

REASON

OFFICE STAMP

SIGNED

DATE

Please return this form to the School Office, along with your doctor's certificate.