



SCHOOL OF CHEMISTRY

ABSENCE FROM COLLEGE - SELF CERT (ILLNESS/SPORT/OTHER)

STUDENT NO.

STUDENT NAME

YEAR (eg JS or SS)

e-MAIL

COURSE

TUTOR NAME

FROM

TO

MODULES MISSED DURING ABSENCE

MODULES	LABS	DATE	LECTURE	DATE	TUTORIAL	DATE
eg CH3301 ...	eg LAB A...		eg CH3101...		eg T2 ...	

REASON FOR ABSENCE:

OFFICE STAMP

SIGNED

DATE

Please return this form to the School Office as soon as possible.