

## Medical Certificate Submission Form

(NOTE: Please make sure that ALL appropriate fields are filled up properly;  
Errors may result to delays or disapproval of your request.)

<b>Student Name</b>			
<b>Student Number</b>		<b>Date of Birth</b>	
<b>Intake</b>			
<b>Course</b>			
<b>Contact Number</b>		<b>Date</b>	

Please indicate the nature of the medical certificate:

- Assessment
- Reassessment
- Attendance
- Other

Please specify \_\_\_\_\_

**For Compliance Officer Use Only:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Details:

- Approved     Not Approved