



**UNIVERSITY COLLEGE OF JAFFNA
REQUEST FORM FOR MEDICAL SUBMISSION**

Title (Mr/Miss/Mrs)					
1.	Full Name (in block letters)				
2.	Department				
3.	Reg.No				
4.	Contact No				
5.	Academic Year				
6.	Postal Address				
7.	Email				
8.	Nature of requests under medical ground	Module Name	Module Code	Name of the Exam	Date of Exam
Note: <ul style="list-style-type: none"> Duly filled form with Government Medical Certificate should be submitted within 14 days from the date of the examination. Late submission of Medical certificate will not be entertained under any circumstances. 					

.....
Date

.....
Signature of the Student

.....
Recommended /not recommended
Head of the Department

.....
Recommended /not recommended
Head of Academics

Office use only

The above request was approved/ not approved by the BOS at its meeting held on
The decision was conveyed to the student on

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Subject Clerk/ Exam Unit