# University of Colombo Faculty of Graduate Studies

**Submission of Medical Certificates for Examinations**

1. Name of Student:……………………………………………………………………………………
2. Registration No of Student :……………………………………………………………………...
3. Course :………………………………………………………………………………………………
4. Semester :………………………………………………………………………………………
5. Contact Number :………………………………………………………………………………
6. Details of Subjects corrected by the Medical certificate. (Mentioned in subject vise)

|  |  |  |
| --- | --- | --- |
| **Name of Subject** | **Subject Code** | **Date and time of the Examination** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Details of the Medical Certificate

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Certificate No.** | **Period of covered** | **Subject code of Course Units covered** | **Date and place of the Medical Certificate issued** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify the above information is correct to the best of my knowledge.

…………………………..

Signature of student

# Recommendation of course coordinator

Student’s request is recommended / not recommended

…………………….

Course coordinator

**FOR OFFICE USE ONLY**

# Recommendation of Board of Study in ……………………………………

……………… Board of Study in ……………………………………. held on …………. recommended / not recommended

# Recommendation of Board of Graduate Studies.

……………… Board of Graduate Study held on ………….. recommended / not recommended

# Senate approval

………………. Senate held on …………… approved and inform the student.

***Should be submitted within 14 days from the date of Examination with a covering letter***