

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

7. 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