

Medical Certificate Submission Form

Medical Certificate Submission

Section A: Student's Details

Student's Name: _____ Student ID: _____

Course: _____ Email Address: _____

Contact No.: _____

Date of Medical Leave:

From (dd/mm/yy):	To (dd/mm/yy):	Total No. of Days:
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Student's Signature: _____ Date: _____

Section B: For Office Use

Leave Application: APPROVED / NOT APPROVED

Remarks: _____

Approved/Not Approved by:

Student Services Department

Date: