

## MEDICAL SUBMISSION FORM

1. Name of the student - ..... 2. Registration number - .....
3. Serial Number - ..... 4. Semester - .....
5. Specializing Department / General Program - ..... 6. Name of the student advisor- .....

7. Purpose of medical submission (please cut no appropriate)

Reschedule	Yes / No
Attendance	Yes / No
Makeup exam	Yes / No

Any other (Specify): .....

8. Details of Missed sessions

No	Course code	Name of the subject	Offered by (Department Name)	Name of the Course coordinator	Missed session (lecture/lab/in course assessment/end exam/any other)	Date and time of missed session	
						Date	Time
1							
2							
3							

Table Cont.....

No	Course code	Name of the subject	Offered by (Department Name)	Name of the Course coordinator	Missed session (lecture/lab/in course assessment/end exam/any other)	Date and time of missed session	
						Date	Time
4							
5							
6							
7							
8							

Original medical report is attached with this for necessary action please

.....  
Signature of the Student

.....  
Date

Note to the students:

- 1) Medical should be submitted as soon as possible to complete all administrative work within the two weeks from absenting to the activity
- 2) Serial Number should be written, which indicates the number of times the medical is submitted during the undergraduate students period