

## 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:

\_\_\_\_\_

Name:

Date:

Student Services Department