

Faculty of Science, University of Jaffna

Application for request to excuse from attending the academic activities

(INCOMPLETE APPLICATIONS WILL BE REJECTED)

Name with initial(s)			
Reg. No.		Mobile No.	
E-mail Address			
Postal address			
Level of study (1G/1S/ 2G/2S/3G/3S/3M/4M/4X)		Subject combination or Specialisation	
Period of absence to be excused to the attendance of the course units	Course code	Dates	
Reason for the absence Select (mark – 'X') the appropriate box This request should be submitted with valid supportive documents within <u>three days from the date of resuming the academic activities</u>		An official university assignment – Specify the detail	
		Applicant's wedding – Specify the date of the event	
		Sudden illness or Hospitalisation resulting from significant injuries or medical treatments – Specify the detail	
		Demise of a parent, guardian, or sibling – Specify the detail	
Details of lecture / practical course units have been approved so far as excuse	Course Code		Dates

I hereby declare that the information given above is true and accurate to the best of my knowledge.

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Date

.....
Applicant

Recommended/Not Recommended the above request

.....
Date

.....
Academic Counsellor/Director-Physical Education Unit

Recommended/Not Recommended the above request

.....
Head/

Approved/Not Approved the above request

.....
Date

.....
Dean/Faculty of Science