

UNIVERSITY OF WARWICK

Coventry CV4 7AL

CONFIDENTIAL

PERSONAL SICKNESS CERTIFICATE

PLEASE USE BLOCK LETTERS

1. PERSONAL DETAILS

Surname: First Names:

Course:

Year of study: University Student Number:

2. NATURE OF ABSENCE

Please indicate the nature of absence because of illness to which this certificate relates:

* Assessment other than formal written examinations:
Title(s) of the assessment(s) missed or for which an extension to the submission deadline is sought:
.....
.....
.....

** Attendance at Compulsory Classes:
Title(s) and date(s) of any classes from which you have been absent:
.....
.....
.....

Other Absence:

3. PERIOD OF SICKNESS

First day of sickness: Last day of sickness:

4. DETAILS OF SICKNESS/INJURY

I was unfit to attend University for the following reason(s):
.....
.....
.....

5. DECLARATION

I declare that the information given above is factually correct:

Signature: Date:

NB: Any student found to have submitted false information on this form or in connection with the self-certification process may be subject to the University Disciplinary Procedures.

THIS FORM SHOULD BE COMPLETED ON THE FIRST DAY THAT YOU RETURN TO UNIVERSITY AND SUBMITTED IMMEDIATELY TO THE RELEVANT DEPARTMENTAL OFFICE.