

**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.