Faculty of Science, University of Jaffna

Application for request to excuse from attending the academic activities

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

I hereby declare that the information given above is true to the best of my knowledge and I am aware that the excuses will only be considered up to 20 % of the lectures conducted for the respective course unit.

..... Date

Date

..... Applicant

Recommended/Not Recommended the above request

.....

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

Recommended/Not Recommended the above request

.....

Head/

Approved/Not Approved the above request

.....

Date

..... Dean/Faculty of Science