# University of Ruhuna Faculty of Graduate Studies

**Submission of Medical Certificates for Examinations**

1. Name of Student:……………………………………………………………………………………

2. Registration No of Student :……………………………………………………………………...

3. Course :………………………………………………………………………………………………

4. Level :………………………………………………………………………………………………

5. Semester :………………………………………………………………………………………

6. Contact Number :………………………………………………………………………………

1. Details of Subjects corrected by the Medical certificate. (Mentioned in subject vise)

|  |  |  |
| --- | --- | --- |
| **Name of Subject** | **Subject Code** | **Date and time of the Examination** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Details of the Medical Certificate

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Certificate No.** | **Period of covered** | **Subject code of Course Units covered** | **Date and place of the Medical Certificate issued** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

………………………….

Telephone Number

I certify above information is correct any other information.

…………………………..

Signature of student

# Recommendation of course coordinator

Student’s request is recommended / not recommended

…………………….

Course coordinator

# Recommendation of University – Medical Officer

Medical is recommended / not recommended

…………………….

U.M.O

# Board of Study in ……………………………………recommendation

……………… Board of Study in ……………………………………. recommended / not recommended

# Board of Graduate Study recommendation

……………… Board of Graduate Study recommended / not recommended

# Senate approval

………………. Senate approved / inform to the student.