De Montfort University Kazakhstan

Student Sickness certificate



**Student sickness self-certificate for absence**

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Faculty |  | Year |  |
| Programme |  | | |
| Student P number |  | | |
| University email address |  | | |
| Phone number |  | | |
| Is this your first self-certification submission this registration period? | Yes/ No | | |

**Details of absence**

This certificate covers the first 7 days\* of absence including weekends and days on which you are not timetabled to attend. (\* 14 days for coronavirus absences due to self-isolation)

|  |  |
| --- | --- |
| Date absence began |  |
| Date absence ended |  |

**Reason for absence**

Please give details, words like unwell or illness, on their own, are not acceptable

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| --- |
|  |

I declare that the information I have provided in this form is correct and complete, and consent to this information being used by the Deferral Request Panel.

**Signature**

|  |
| --- |
|  |

Type your full name for submission by email

**Date**

|  |
| --- |
|  |

**When completed this certificate should be sent by email, with your deferral or extension request, to your Student Services or your Personal Tutor.**