

Endorsement of Medical Leave

STUDENT: This form must accompany all necessary documentation (leave of absence form, medical certificates, etc.) and be submitted to Student Services within four (4) working days from the date of absence. In the case of an exam, if the petition is approved, the student will take the make-up exam within a week of being notified of the approval. Late submissions will not be considered.

To be completed, signed and stamped by a Registered Medical Practitioner

I, _____ registered medical practitioner of
(name of medical practitioner)

_____ certify that I have examined
(name of hospital/clinic/medical centre)

_____ and am of the opinion that he/she is/was
(name of student)

medically disabled by the following condition (please provide a diagnostic statement of the nature of the illness):

which I know/diagnose commenced on _____ and lasted/is expected to last
DD/MM/YYYY

until _____. As a consequence, he/she was/is unfit to attend class or sit
DD/MM/YYYY

for the examination (check one) from _____ until _____.
DD/MM/YYYY DD/MM/YYYY

Signed: _____ (*affix official stamp, if available*)

Date: _____
DD/MM/YYYY

For Office Use Only:

Student Services: Please scan all documents to Assistant Director for Overseas Program/SACE within two (2) working days of receipt.