

Notification of Non-Attendance

INTERNATIONAL STUDENT

LOCAL STUDENT

Personal Details

Student ID: Date of Birth:

Family Name:

Given Name:

Course Name: Course Code:

Medical Certificate Details (if applicable)

Name of Doctor	Date Covered From	Date Covered To	Date Issued
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Please list classes missed during your medical certificate period(s). Please make sure you advise your teachers of your medical certificate. (If more space is needed use back of page)

Day	Time (e.g. 9am - 1pm)

Other Reasons for Non-Attendance (if applicable)

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Student Declaration

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Medical Certificate Attached: Yes No Reasons:

Student Signature: Date: / / 20.....

FOR OFFICE USE

Date of Submission: Administrator Signature:

Course End Date Affected: Yes No Update PRISMS: / / 20.....

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