**UNIVERSITY OF WARWICK**

**Coventry CV4 7AL**

**CONFIDENTIAL**

 **PERSONAL SICKNESS CERTIFICATE**

**PLEASE USE BLOCK LETTERS**

**1 PERSONAL DETAILS**

Surname: ……………………………………………………………………….

First Name(s): ……………………………………………………………………….

Course: ………………………………………………………………………..

Year of Study: ………… University Student Number: …………………………

**2 NATURE OF ABSENCE**

Please indicate the nature of absence because of illness to which this certificate relates:

a) Assessment other than formal b) Attendance at c) Other absence

 written examinations compulsory classes

Please also specify where appropriate:

a) the title(s) of the assessment(s) missed or for which an extension to the submission deadline is sought:

 …………………………………………………………………………………………………………....

 ……………………………………………………………………………………………………………

 ……………………………………………………………………………………………………………

b) the title(s) and dates(s) of any classes from which you have been absent:

 ……………………………………………………………………………………………………………..

 ……………………………………………………………………………………………………………..

 ……………………………………………………………………………………………………………..

**3 PERIOD OF SICKNESS**

From ……………………………………………….. (first day of sickness)

To ……………………………………………….. (last day of sickness, if known)

**4 DETAILS OF SICKNESS / INJURY**

I was unfit to attend University for the following reason(s):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**5 DECLARATION**

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS FACTUALLY CORRECT

Signature: ………………………………………………….. Date: …………………………….

**NB: Any students found to have submitted false information on this form or in connection with the self-certification process may be subject to the University Disciplinary Procedures**

**This form should be completed on the first day that you return to University and be submitted immediately to the relevant departmental office**