



Application Form for Academic Concession on Medical Grounds, Compassionate Grounds or Official Representation Grounds

Name of the Candidate		Index Number	
Department			
Degree Program		Batch	
Semester		Examination	
Reason for Absence			
Name/s of missed Examination paper/s			
Leave Duration	From:	Local	<input type="checkbox"/>
	To:	Overseas	<input type="checkbox"/>
List of supporting documents attached			

Declaration by the Candidate

I,.....of(address).....
understand, accept and agree to take the responsibility to cover any missed academic activities during my absence. I have reviewed my application and certify that the information mentioned above are true and correct.

.....

Candidate's Signature

.....

Date

For office use only

All Supporting Documents	Attached	<input type="checkbox"/>
	Not Attached	<input type="checkbox"/>

.....
Signature of SAR/ AR Examination

.....
Date

Approval

Faculty Board Paper No.	Decision
	Date
Academic Council Paper No.	Decision
	Date