



KIU-Department of Examinations Application Form for Absenteeism

| Filled by Candidate | | | | |
|---|--------------------------|----------------------------|--|------------------------------|
| Examination No | | Name of the Student | | |
| Details of Absence | <i>Date/s of absence</i> | <i>CA/FE</i> | <i>Name of Exams/Module/Assessment</i> | <i>Name of the Candidate</i> |
| | | | | |
| | | | | |
| | | | | |
| Signature of the Supervisor & Date | | | | |
| Personal Information: Filled by Examination Candidate | | | | |
| Full Name | | | | |
| Degree Program | | | | |
| Batch / Group | | | | |
| Student No. | | | NIC No./Passport No | |
| Email Address | | | | |
| Contact Nos. | | | | |
| Reason for Absence: | | | | |
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| Student Declaration I confirm that I have read and understand the Student Guides and that the information given in this form is true and factually correct. I confirm that this information may be disclosed where necessary, to academic and administrative staff of the University involved in determining my grades. I understand that this form refers to modules taken in the current semester only. | | | | |

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|------------------------------|--|-------|--|
| Signature of Student | | Date: | |
| Attached Supporting Evidence | 1. Medical Reports: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | 2. Other Documents: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | 3. | | |
| | 4. | | |

Office Use:

| | |
|--|--|
| Name of the Official Collected information | |
| Designation | |
| Signature | |
| Date | |

Submitted for approval: Approved/Approved with conditions/Not Approved -

| | |
|----------------------------------|--|
| Remarks | |
| Name of the Medical Officer | |
| Signature of the Medical Officer | |
| Date Approved/Not Approved | |
| | |
| Name of the Registrar | |
| Signature of the Registrar | |
| Date Approved/Not Approved | |