



**Absence Justification Form
End-Term Examination**

Index Number (CPM) :

Registration No (MC) :

Name in Full :

Year and Semester :

Exam Year and Month :

Contact No :

Course Code	Course Title	Exam Date	Accepted (for office use)

Other details :

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Signature of Applicant: Date:

Note: Please submit this medical form within 14 days after the exam date.

For Office Use Only

Examinations Unit

	Name	Signature	Date
Checked By :

Implemented By:
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Remarks:

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