

# Student sickness self certificate for absence

## Your details

Full name

Faculty

<input type="text"/>	Year	<input type="text"/>
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Programme

StudentPnumber

University email address

Phone number

Is this your first self certification submission this registration period?

<input type="radio"/>	Yes	<input type="radio"/>	No
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## Details of absence

This certificate covers the first  days\* of absence including weekends and days on which you are not timetabled to attend. (\* 14 days for coronavirus absences due to self isolation)

Date absence began

Date absence ended

## Reason for absence

Word limit: 2000 characters

I declare that the information I have provided in this form is correct and complete, and consent to this information being used by the Deferral Request Panel.

Signature

Type your full name for submission by email

Stamp

When completed this certificate should be sent by email, with your deferral request, to your Student Advice Centre.