

**MISSED ASSESSMENTS / COURSE WORK / MCQS / EXAMS**

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Tel. Number: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course & Year for which registered: \_\_\_\_\_

Module(s) affected: \_\_\_\_\_

Missed work (eg class test, assignment): \_\_\_\_\_

Reason for missed work: \_\_\_\_\_

Date(s) Absent: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Medical Cert submitted:      Yes          No   

SIGNATURE: \_\_\_\_\_

*Completed form to be returned to the School of Mathematical Sciences Reception, WGB 157,  
First Floor, Western Gateway Building, UCC*

*or Email to [sms@ucc.ie](mailto:sms@ucc.ie)*

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***To be completed by the School***

Date Received: \_\_\_\_\_

Action agreed by Lecturer(s): \_\_\_\_\_