

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*

To be completed by the School

Date Received: _____

Action agreed by Lecturer(s): _____