



## Student Self Certificate

Please complete this form for a period of absence through illness for up to 7 consecutive days (including weekends). Please hand the completed form in at reception or to your Lecturer.

A medical certificate is required from your GP (Doctor) if:

1. The period of absence through illness extends beyond 7 consecutive days
2. The period of illness is to be considered as mitigation regarding performance in any formal assessment that counts towards final award or is a requirement for progression

**Discuss any concerns about the effect of your absence with your tutor, head of section or the College Guidance Co-ordinator.**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student number \_\_\_\_\_

Programme/course \_\_\_\_\_

Lecturer \_\_\_\_\_

Date your sickness began \_\_\_\_\_

Date you return to studies \_\_\_\_\_

Number of days  
(Including weekends) \_\_\_\_\_

Brief details of sickness:

I can confirm this information is accurate.

Signed \_\_\_\_\_

Date \_\_\_\_\_