Examinations Unit

App No:

Faculty of Engineering
University of Sri Jayewardenepura, Sri Lanka

Absence Justification Form

Semester Examination

Index Number (ENG) : .....

Registration No (EN) : .....

Name in Full : .....

.....

Year and Semester : .....

Exam Year and Month : .....

Contact No : .....

Course Code	Course Title	Exam Date & Time	Accepted (For official use)

Other details:

……

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Signature of Applicant: ……..…… Date: ……

Note: Please submit this form within 14 days after the exam date with the medical reports approved by the Faculty Medical Officer/ Chief Medical Officer.

For Office Use Only
Examinations Unit

	Name	**Signature**	**Date**
Checked By :	.....	.....	.....
Implemented By:	.....	.....	.....

Remarks: .....

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