



ABSENCE FROM COMPULSORY COURSE FORM

Administrative Details

Student Name: _____ ID Number: _____

Unit Involved: PSYC _____ Session(s) Involved: _____

Form Submitted On: _____

Reason for Absence

A) Severe acute illness?

Private Yes ___ No ___ Description (if No) _____

Documentation Yes ___ No ___ Staff Signature (if No) _____

B) Severe personal difficulties?

Private Yes ___ No ___ Description (if No) _____

Documentation Yes ___ No ___ Staff Signature (if No) _____

C) Severe family difficulties?

Private Yes ___ No ___ Type (if No) _____

Documentation Yes ___ No ___ Staff Signature (if No) _____

D) Other?

Private Yes ___ No ___ Type (if No) _____

Documentation Yes ___ No ___ Staff Signature (if No) _____

Authentication

Signature: _____