



University of Ruhuna
Faculty of Fisheries and Marine Sciences & Technology

SUBMISSION OF MEDICAL CERTIFICATES FOR EXAMINATIONS

Full Name (Mr./Miss) : _____

Student Reg. No. : _____ Batch _____

Period of Medical leave : From _____ To _____

Examination : _____

Course Units : _____

Have you submitted a medical certificate for an examination before : Yes / No

If yes, please specify : _____

I certify above information is correct.

Date :

Signature

This form should accompany a duly signed medical certificate within 07 days of commencing your leave.