

University of Strathclyde

Department of Computer and Information Sciences

Sickness Self-Certification Form

Confidential

This form covers you for a **maximum period of 5 working days**. Any further days must be covered by a doctor's certificate.

Student's Name:

Registration Number:

Course:

Period of sickness (enter Day and Month, e.g. 2 July):

| | Day | Month |
|------------------------------|------------|--------------|
| First day of sickness | | |
| Last day of sickness | | |
| First day of absence | | |
| Last day of absence | | |

Details of sickness (e.g. viral infection, sprained leg):

Declaration

I declare that I have been unable to attend the University during the period of sickness stated above and that the information given above is factually correct.

Student's signature:

Date: