

Arts Faculty Use Only												
UNIVERSITY OF PERADENIYA, Faculty of Arts.					Form S-9 STUDENT REQUEST FORM (Medical Request Form)							
1	Registration Number											
2	Name with Initials (Rev./Mr./Ms.)											
3	Mailing Address											
4	Year Entered											
5	Current Year and Semester											
6	Status (Mark the appropriate box)				First Year	Special	B.com	B.Ed	LLB	SW	GIS	General
7	Nature of Request (Please indicate the number from the key available at the bottom of this form)											
8. Request in Detail												
(Please annex all relevant document and submit your request. Please consult the Dean's Office and or Course Unit Office for details requires)												
(Please use the side of this form to continue)												
OFFICE USE ONLY												
9	Course Unite Recommendation											
10	Department Recommendation											
11	Student Request Subcommittee Recommendation											
12	Approval of the Faculty Board											

I declare that the information provided in this form and the annexed documents is true and correct. I am aware that my request will not be granted the information in this form is found false and incorrect

Date:

.....
Signature of Student

Office of the Dean
Faculty of Arts,
University of Peradeniya,
Peradeniya.

Chief Medical Officer,
Health Centre,
University of Peradeniya.

Dear Sir/ Madam,

Medical Certificate

I am sending herewith the following Medical Certificate for your observation please.

Name of Student	Registration No.	Absent for	Duration	Details of the Medical Certificate

Comments of the Head of the Department

Comments of the Dean Faculty of Arts

Observation of the Chief Medical Officer

Thank you
Yours faithfully

Deputy Registrar,
Faculty of Arts.