



INSTITUTE/FACULTY OF

FORM NO.3. REQUEST FOR SPECIAL COURSE WORK

REF: Date:

TO: Head of Dept.:

Assalaam Alaykum

1. Student's Personal Information:

Name: Reg.
Country: Male [..] Female [..]
Year/Semester: Specialisation:

Tel. No:

Signature

2. Absence from the following Tests/Assignments/Quizzes:

1.

3. Justification/Reasons for the request:

a) Sickness: b) Social Grounds:
c) Others:

4. Supporting Documents:

a) Letter b) Medical Report
c) d)

5. University Medical Officer/Dean of Students' Report:

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Name Signature

6. Head of Dept's Detailed Justification for the Recommendation:

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Signature, Date and official stamp

NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM