



## Student Absence Note

Student Name : \_\_\_\_\_

Student ID : \_\_\_\_\_

Group/Class/Unit : \_\_\_\_\_

Reasons (attach original medical certificate) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No of Units/Classes missed (indicate name of unit/class) :

\_\_\_\_\_

Date(s) of leave:

From : \_\_\_\_\_ to: \_\_\_\_\_

AM : \_\_\_\_\_ PM : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Entered on Attendance Database** : \_\_\_\_\_

**Date** : \_\_\_\_\_