

B. TO BE COMPLETED BY ATTENDING DOCTOR & SUBMITTED WITH DOCUMENTARY EVIDENCE

This is to certify that I have seen _____
(Name and NRIC/FIN/Passport No.) on _____ (date) at _____ (time).

He/She is diagnosed to be suffering from the following illness that would adversely affect his/her performance in an assessment from _____ (date) to _____ (date) and therefore should warrant special consideration: _____

(Please detail the nature and extent of the student's ~~performance~~ performance in the assessment. Your professional assessment is important to our deliberations, which must balance fairness to the student concerned and the integrity of the university assessment process.)

Message to Doctor:

As your judgment above is given to the University in confidence, please put this form in a sealed envelope before returning it to the student for submission. Please inform the student explicitly if he/she is fit or unfit to sit for his/her assessment. Thank you.

Name of Doctor: _____ Signature: _____

Date: _____ Name of Clinic: _____

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**C. TO BE COMPLETED BY MODULE CONVENOR
(APPLICABLE FOR ASSIGNMENT/RESEARCH PAPER/OTHERS ONLY)**

Extenuating Circumstances: Accepted/Rejected

Request for Extension of Time: Extended until _____/Rejected

Other action taken: _____

Signature & Date

**D. TO BE COMPLETED BY VICE DEAN, ACADEMIC AFFAIRS
(APPLICABLE FOR THEXAM ONLY)**

Extenuating Circumstances: Accepted/Rejected

Arrangement for Alternative THEXAM: _____

Other action taken: _____

Signature & Date

