



SELF-CERTIFICATION FOR ABSENCE DUE TO ILLNESS OF UP TO 7 DAYS

This form should be used if you have missed classes because of an illness which has incapacitated you for **up to 7 days** (excluding Sundays).

Please email this form to your Attendance Monitoring Administrator, kayleigh.cottrell@rhul.ac.uk or hand into the Moore Building Reception in a clearly marked sealed envelope.

NAME: **STUDENT ID:**

DEGREE: **DEPARTMENT (S):**

YEAR OF STUDY:

Undergraduate/Postgraduate (*delete as applicable*)

I confirm that I have been suffering from
.....
.....

Since..... (*insert date*)

And have as a result missed the following classes (*give dates*)
.....
.....
.....
.....
.....

I will be able to resume my studies on

I have resumed my studies on

My illness/accident did/did not necessitate treatment by my doctor or the college Health Centre Staff. (*delete as appropriate*)

Signed: **Date:**

PLEASE NOTE. It is a requirement of the School of Management, that if your illness extends beyond 7 working days (working days include Saturdays but not Sundays), you should consult your doctor or the Health Centre in order to obtain formal medical certification. This document is not a substitution for such medical documentation.