

Date _____ Student ID. No. _____

Family Name _____ First Name _____

Email _____ Tel No. _____

A **tuition refund** requested for the _____ academic year **and** session (e.g. 2009/1, 2009/2, 2009/3, 2009/4), for the following course(s):

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

THIS SECTION MUST BE LEGIBLE, AND COMPLETED BY A LICENCED MEDICAL PRACTITIONER. ANY INFORMATION ADDED, OR CHANGED, BY THE STUDENT WILL RENDER THIS CERTIFICATE INVALID.

NOTE FOR MEDICAL PRACTITIONER: If you have recommended that the student withdraw from a course(s) on a date that pre-dates the day you first saw the student for the medical condition, your rationale for the retroactive withdrawal must be sufficiently and clearly spelled out and explained. Failure to do so may render this request invalid.

The above-mentioned student was seen for a medical condition on: _____
Date

The student is/was not able to attend classes/labs from _____ to _____, and
Date Date

The student will be able to attend classes/labs from _____ to _____
Date Date

The student is/was not able to engage in normal activities due to the following serious illness/injury:

Was this serious illness/injury predictable/foreseeable? _____

How did the serious illness/injury prevent the student from withdrawing from the course(s) on or before the prescribed withdrawal deadline?

How did the serious illness/injury prevent the student from completing the course(s)?

Has the student been advised to restrict/reduce academic activities and reduce his/her course load? If so,

How many courses should be dropped? _____

Which course(s) should be dropped? _____

Why this course(s) and not others? _____

Date _____ Tel. No. _____

M.D.'s Name _____

Please print name legibly

Licence/Registraton No. _____

Signature _____

M.D. Seal