

Special Circumstances Self-Certification Form

Course Name & Code: _____

Instructor: _____

Section 1: Personal details

Your Name	
SID	
Your programme of study and your Faculty/School	
UG or PG	
Year of study (e.g. 1st year)	

Section 2: Your Situation

1st day of illness / disruption to daily routine (dd/mm/yyyy) and reason	
Number of days affected (if ongoing, please state)	
Provide a brief summary of why you were unfit to study as normal. Describe the nature of illness or injury or COVID related circumstances that disrupt your current study. You must elaborate how these impacts on your study in detail so that a just and fair assessment can be made	

Declaration:

- I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.
- I acknowledge that falsification of information or dishonesty in relation to University processes may be regarded as a breach of the Code of Student Conduct.

Applicant's Signature: _____

Date: _____