

I hereby present my sick leave report for the following courses / examinations. The original copy of my sick leave report is attached to this form.

Best Regards,

Student Number	
Name and Surname	
Faculty/School/Graduate School	
Program	
Mobile Number	
OzU E-Mail	
Signature	Date (day/month/year) :...../...../.....

**SICK LEAVE REPORT DETAILS**

Issued By	
Is Sick Leave Report Issued By Authorized Institutions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Issued	(day/month/year) ...../...../.....
Duration of Sick Leave	

**PURPOSE OF SICK LEAVE REPORT**

Please specify below the courses or examinations for which you wish to submit your sick leave report.

	Course and Section Code	Course Name	Course Instructor	Requested Make-Up Examination/Work (If a make-up examination is requested, please specify the date and time)
1				
2				
3				
4				
5				
6				
7				
8				

**Authorized Faculty/School/Graduate School Staff**

Name and Surname	
Signature	Date (day/month/year) :...../...../.....