

**NANYANG TECHNOLOGICAL UNIVERSITY
OFFICE OF ACADEMIC SERVICES**

**AUTHORISATION FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT FORM FOR
SUBMISSION OF MEDICAL CERTIFICATE (MC) FOR EXAMINATIONS**

SECTION A: TO BE FILLED IN BY STUDENT

1. A candidate who is absent from an examination on account of illness is required to submit **this form, duly completed, together with the original MC** (please use the form to be printed from the **MC Submission online application which can be accessed via StudentLink**) to the Office of Academic Services, Level 1 Student Services Centre **within two (2) working days of absence from the examination.**
2. You must complete Section A of this form before you present it to the medical practitioner attending to you. It is your responsibility to:
 - a. arrange for the medical practitioner to sign and acknowledge this form;
 - b. request for the diagnosis of the illness to be indicated on the MC; and
 - c. ensure that the form and MC reaches the Office of Academic Services within two (2) working days of your absence.
Note: You are liable for any medical costs incurred.
3. This form is to be submitted only when a MC has been issued by the medical practitioner attending to you. This form does not replace the MC, and will be deemed null and void if the original MC is not submitted with this form.

Name

Matric No.

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Programme
(e.g. ACC, ENG, EEE)

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Year
(e.g. 1)

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Study Type (Please circle)

Full-Time	Part-Time
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I hereby authorise the release of any information of my illness issued by the undersigned medical practitioner to the University. I understand that incomplete or late submission of this form and MC will not be considered by the University and that providing false or misleading information are grounds for disciplinary actions.

Signature

Date

Contact No(s)

SECTION B: TO THE MEDICAL PRACTITIONER

1. The above named is seeking medical attention for an illness which has caused him/her either to be absent from an examination or has affected his/her performance in the examination.
2. Kindly acknowledge this form if an MC has been issued to the student. Please indicate the nature of the illness clearly on the MC.
3. Any medical costs incurred are to be paid by the student.

Thank you for your cooperation.

Acknowledged by:

Name & Signature of Medical Practitioner

Date

**Hospital/Clinic Stamp:
(compulsory)**

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