



## Student Self-Certification Form

### Completing the forms:

To notify absence of up to and including five term-time days (excluding Saturday and Sunday) due to illness, students should complete the student self-certification form **ONLY**.

To notify absence of more than five term-time days (excluding Saturdays and Sundays) or absence from any summative examination due to illness, students should complete the student self-certification form and present it and the Medical Certificate form to a doctor, who should complete the latter.

Please refer to the "Guidance on Student Absence Due to Illness" available at: [www.bris.ac.uk/esu/assessment/8studentillness09.html](http://www.bris.ac.uk/esu/assessment/8studentillness09.html) when completing these forms.

|                  |  |                |  |
|------------------|--|----------------|--|
| Student name     |  | University No. |  |
| Degree programme |  | Faculty        |  |
| Personal tutor   |  | Year of study  |  |

Period of absence (both dates inclusive)

From \_\_\_\_\_ Until \_\_\_\_\_

Please explain fully the nature of the illness and the effect on your attendance or performance in an examination or coursework (if you require extra space, please attach continuation sheet). Please list all areas of work affected. If you do not wish to disclose the nature of the illness on the form please submit such information in a sealed envelope, attach it to this form and tick this box. ☐

|   |  |
|---|--|
| Teaching missed / Coursework affected /<br>Examination missed or affected (please select which) | Type of teaching or assessment<br>(e.g. lecture, tutorial, examination, fieldwork) |
|---|--|

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This information will be held by the University and processed by staff in departments and Faculty Offices in order to keep a record of student absences. Departments will monitor the frequency of self-certified absences and will inform students of their procedures to follow up multiple instances. A Head of Department may request that the student provides a doctor's medical certificate in multiple and sustained instances of self-certified illness. Confidentiality will be respected and any requests to keep information confidential will be complied with.

I agree to the University of Bristol recording and processing this information about me. I understand that the information will only be used for the purpose(s) set out above and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Student Signature..... Date.....

Please deliver/send this form to the departmental office **within TWO working days of the end of the period of absence**.