



(to be filled in by student)

Student Name: Student ID:  
E-mail address: National ID:  
Present Address: Contact No:

(to be filled in by the medical practitioner)

Dates(s) of relevant medical examination(s)

Nature of illness or medical incapacity

In my opinion the medical condition of the above student will result in  
tick as appropriate

|                                                                                   | Start Date | End Date |
|-----------------------------------------------------------------------------------|------------|----------|
| Preparation of assignment impaired from:                                          | / /        | / /      |
| Preparation for the examination impaired from:                                    | / /        | / /      |
| The student was unfit to take the examination or submit the assignment on (Date): |            |          |

Villa College  
Republic of Maldives

Please familiarize yourself with College Assessment Policy, Examination Rules and Procedure on Assignment Extension prior to submitting application for extension.