***ISHIK UNIVERSITY***

***DIRECTORATE OF STUDENT AFFAIRS***

***Number: Date: / /201…***

*Subject: Student’s Petition Medical Report (……………………………………………………)*

*To Deanery of Faculty of …………………………………………………………………………*

*This student presented a medical report. We attached a student’s petition and copy of the report. Please, replay student’s petition in a written form to student after your assessment.*

*This report covers the days between*

*………………… and ………………… (Total…days).*

*Type of Medical Report:*

 *Commission Medical Report*

 *Normal Medical Report*

*Reason to present Medical Report:*

 *Attendance Final Exam*

 *Midterm Exam Other…………………………………*

 ***Head of Registrar’s Office***