



Request to delay examination due to COVID-19 (Mid-Term)

First Name:		Student ID:	
Family Name:		Phone Number:	
E-mail		Line ID:	
Date of COVID-19 TEST:		Section:	
Test Location (Hospital Name):		Date expected to recover (according to medical certificate)	

Course Code	Course Name	Examination Date

I declare that the given information is accurate and truthful

Signature:

.....
(.....)

Date:September 2022

Attach : COVID-19 test report issued by hospital (public or private), university's clinic, District's Public Health Center certified COVID-19 test center.

(Self-Tested ATK is not accepted)



COVID-19 test report
(Attach medical certificate here)