

PG IMPAIRED PERFORMANCE FORM

Student Name:			
Student ID:		Mobile No.:	
Email:			

Academic Year:	20..... / 20.....		
Semester:	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2	<input type="checkbox"/> Semester 3
Faculty:	<input type="checkbox"/> Engineering	<input type="checkbox"/> ICS	<input type="checkbox"/> BAEPS
Specialism:	<input type="checkbox"/> REN <input type="checkbox"/> MAT <input type="checkbox"/> STDC <input type="checkbox"/> Web Sciences <input type="checkbox"/> MBA in Marketing	<input type="checkbox"/> M.Sc. <input type="checkbox"/> M.Eng.	

Module(s) Affected				
Module code	Module name	Name of assessment affected (CW assessment; unseen exam... etc.)	Assessment Date (Verification by Module Leader)	Module Leaders Signature

The form must be submitted to the Office of Postgraduate Studies in the mentioned deadline on the PG Academic Calendar published on the website [http://www.bue.edu.eg/index.php/home-main-calendar/month.calendar/2017/01/19/-](http://www.bue.edu.eg/index.php/home-main-calendar/month.calendar/2017/01/19/)

Describe how your performance was affected:

What are the grounds of your claim?

Student's Signature: _____ Date _____

Received by: _____ Date _____

Medical Certificate

Student Name: _____

Student Number: _____

BUE physician to complete either Part A or Part B below.

Part A
<ul style="list-style-type: none"> I examined the above student on/...../..... .
<ul style="list-style-type: none"> The student presented the following symptoms:
<ul style="list-style-type: none"> I prescribed the following treatment:
<ul style="list-style-type: none"> In my opinion the student should be absent from BUE from/...../.....to/...../....., inclusive .

Part B
<ul style="list-style-type: none"> The student brought the attached medical certificate to the clinic on/...../..... .
<ul style="list-style-type: none"> The medical certificate indicates that, on/...../....., the student was suffering from:
<ul style="list-style-type: none"> The medical certificate prescribes the following treatment:
<ul style="list-style-type: none"> The medical certificate recommends that the student be absent from BUE from/...../..... to/...../.....
<ul style="list-style-type: none"> At the time of presenting the medical certificate to the BUE clinic, was the student still suffering from the above? Yes / No (please circle)
<ul style="list-style-type: none"> BUE physician's recommendation on sick leave:

Doctor's Signature
and BUE stamp