

NTU PGR CANDIDATE SELF-CERTIFICATION FORM

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| **Use this form to certify that short-term illness prevented you from completing relevant work related to your Doctoral degree studies and for the submission of relevant documentation for monitoring events that were affected.** | | | | |
| **Short-term illness means that you have been sick for up to 7 calendar days. If you have been sick for more than 7 calendar days, then you need a note**  **from your doctor.** | | | | |
| **This form CAN be used to certify that short-term illness prevented you from submitting documentation for the following event(s):**   * **Annual Monitoring** * **Project Approval** | | | | |
| **NAME:** |  | | | |
| **CANDIDATE ID:** |  | | | |
| **EMAIL ADDRESS:** |  | | | |
| **ACADEMIC SCHOOL:** |  | | | |
| **COURSE** |  | | | |
| **YEAR OF STUDY:** |  | | | |
| **TIER 4 VISA**  **HOLDER (YES/NO):** | Do you have a Tier 4 visa? | | | |
| **I confirm that I was ill** | | **From [DD/MM/YYYY]** | | **To [DD/MM/YYYY]** |
| **Describe your illness:** | | | | |
| **Did you receive any medical advice or treatment for this illness? If yes, please give the name and address of the doctor or medical practitioner who provided it:** | | | | |
| **By signing you confirm that you understand the following:**   1. **This form should be submitted with your Notification of Extenuating Circumstances (NEC) application.** 2. **Your NEC will be reviewed by an Independent Postgraduate Research Tutor (PGRT). Submitting this form DOES NOT GUARANTEE that your NEC will be upheld.** 3. **You have considered and discussed with your supervisory team how you will manage an additional workload attempting this monitoring point and the impact it will have on future work monitoring points.** | | | | |
| **Signature:** | | | **Date:** | |