

SECTION B: TO BE COMPLETED BY PANEL/COURSE/SUBJECT DIRECTOR

Please complete the details below in relation to the evidence presented.

Module Code/ CRN Number	Consideration of Evidence <i>(Tick as appropriate)</i>		Recommendation of Panel/Course/Subject Director
	Upheld	Rejected	
			Signed _____ Date _____

- **Retrospective EC1 Self-certification will not be accepted**
- **No more than 3 Self-certifications across a course will be accepted in an academic year**

For EC1 Self-certification Monitoring Purposes

Is this the first Self-certification? YES/NO

If YES – Provide details

If NO

How many previous Self-certifications have been submitted? _____

Is there a recurring illness that requires evidence from a GP/medical practitioner? YES/NO

Is there an attendance issue? YES/NO

Is a referral to Student Wellbeing required? YES/NO

Comments:

Is this current Self-certification accepted? YES/NO