

UMST University of Medical Sciences and Technology P.O. Box: 3523, Kigali - RWANDA

Address: Kicukiro, Nyarugunga, Rwinyange Village, KK3Rd Telephone: +250 (0) 781993369 / +250 (0) 791446438 Email:

Rwand@UMSTEDU.com

SICK LEAVE REQUEST FORM

Student name: _		
Faculty:		
Year:	Semester:	Batch:
Dates of Absence	e:	
Reason for abser	nce:	* *
Details of Sickne	ss/Injury/Incidend	ce:
Consulting Docto	or:	
	///	
Doctor's Advice/	Remarks:	
Medical Certifica	te Attached:	
Investigations A	ttached:	
For the use of th	e Secretary of Acad	lemic Affairs:
Signature:		_