

Absentee Justification Form

Learner's Details	
Examination session	
Examination Centre	
Level	
Centre Number	G
Centre Name	
Candidate number (filled out by UCert)	
Candidate's name	
Candidate's surname	
Date of birth	
E-mail address	

Please, indicate the reason for your absence:

Please, ensure you enclose the following:

- A photocopy of your identification. Please indicate:
 I.D./Passport Driving license Birth certificate
 Other _____
- A medical certificate from a public hospital. Certificates from IKA, TEBE, OAEE, EOPPY etc. are also acceptable

This form along with the identification and medical documents must be submitted to UCert either by post to **1A Rethymnou St, 10 682, Athens** or e-mail at ocn@ucert.gr within two weeks of the date of the written exams. Upon checking all documents, you will be notified for the decision.

Candidate's Name _____ **Signature** _____
Date _____