



## Absentee Justification Form

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

**Please, indicate the reason for your absence:**

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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 OCN London either by post to **98-100 Akadimias St, 10677 Athens** or e-mail at [ocn@ocn.edu.gr](mailto:ocn@ocn.edu.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** \_\_\_\_\_