



MELBA CONSERVATORIUM OF MUSIC

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Student Absence / Special Consideration

Name

Course Year

Attached is a medical certificate / other documentation which I am supplying because:

Subject/s affected:

Subject Name	Teacher	Day & Date	Assessment Affected (eg. Exam / class test / performance / class attendance)

I acknowledge that it is my responsibility to catch up on any work (class notes, handouts, assignments, etc.) missed as a result of my absence/s.

Signed

Date

Office Use Only

Date Received

Action Required

Done

	<input type="checkbox"/>
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