

**Department of Physical Education  
Eastern University, Sri Lanka  
Excuse for the Lectures / Practical's**

Reason:.....

Name of Lecturer / Demonstrator / Tutor .....

Department.....

Name of Student	St.Reg.No	Subject/No.	Date	Time	Signature Of Student

Signature of I.P.E ..... Date .....

I certify that the above student participated for the above event.

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Head  
Department of Physical Education  
Date.....

Department Seal

Signature of Lecturer and Date

Comments

1. ....
2. ....
3. ....

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