

**Null and Void Request Form – Faculty of Allied Health Sciences**

---

Name with initials: .....

Department: Dept. of Nursing / Pharmacy / MLS / Optometry

Registration No: HS..... Examination Index No: .....

University Intake: ..... Contact No: .....

Name of the Examination: .....

Month: ..... Year .....

Exam Starting Date: ..... End Date: .....

Reason for Null and Void Request:

Copy of the approved medical Certificate attached. Yes

.....  
Signature of the Student Date

**For office use only**

Checked with the original documents and verified.

Received by :( Name) ..... Signature: ..... Date: .....

.....  
Deputy Registrar/FAHS Date:.....

**For Recommendations:**

Head of the Department:

Dean/FAHS:

Director - Examination/FAHS:

Faculty Board Approvals : Approved / Not Approved

CC: Head of the Department  
Dean / Faculty of Allied Health Sciences