

Faculty of Education Examination Board

Student request cover letter

send to FDUfeb@ufs.ac.za

Seria to LDO	neb & dis.ac.za			
Student initials and surname				
Student number				
Qualification				
Current academic year level				
Year of first registration for this qualification Tick the box that applies to your situation: Request to add modules external to the curriculum to a maximum of 32 credits per year Other: please explain				
		Other: please explain		
		Indicate the Faculty or University general rule that applies to your application: State your request as briefly as possible:		
Documents attached: tick all that apply Medical certificate Academic transcript				
Other, specify:				
 I confirm that all information pertaining t 	o my application is included.			
	avenues to address my request including			
consulting with my programme director/	· ·			
· · · · · ·	be tabled if the submission is incomplete.			
Tunderstand that my application will not	be tabled if the submission is incomplete.			
Signature	 Date			