UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS

E001A
Appeal

APPEAL AGAINST OUTCOME OF APPLICATION FOR ACCESS TO THE ADDITIONAL EXAMINATION

A. Student information

Surname	Full Names	Student number
UFS email address	Cell number	Qualification registered for

B. Additional Examination application information

Module(s) applied for	Date of Main examination	Date of Additional examination	Date additional examination application submitted	Date application outcome received
1.				
2.				
3.				

Reason for Additional Examination Application									
Medical		Timetable		Compassionate		Compelling		Improve marks	

C. Appeal information

Motivation for appeal (All supporting documents should be included)

Signature Applicant _____ **Submission date** _____

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Outcome of the Appeal

Approved		**Not Approved**		**More information needed**	

_____
_____
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_____
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Signature Dean _____ **Date** _____

Reset Form