

**SUPPLEMENTARY EXAMINATION APPLICATION FORM
MAIN END-OF-YEAR 2025**

DEADLINE FOR APPLICATIONS: 03 DECEMBER 2025

SECTION A (to be completed by the student)

STUDENT INFORMATION			
Student number	Full names	Surname	Contact number
EXAMINATION APPLICATION INFORMATION			
Module code		Main examination date	

IMPORTANT

- All applications should be submitted within **3 working days** of being absent from a Main examination session. Failure to comply will result in your application not being considered.
- All applications for **compelling and compassionate reasons** must be accompanied by supporting documents and a sworn affidavit made at the SAPS station, verifying the circumstances.
- Applications due to a **criminal act** committed against the student, or a motor vehicle accident, should include the SAPS case number in the affidavit.
- The **medical report** on page 2 of this form must be attached to all applications for medical reasons.
- Feedback regarding the applications will be sent to the students' **UFS4life email addresses**. **It is the students' responsibility to check their emails regularly.**
- Applications and supporting documents for Bloemfontein, South Campus and QwaQwa Campus must be emailed to the faculty email addresses:
 - Natural and Agricultural Science - NASExams@ufs.ac.za
 - Humanities - HUMExams@ufs.ac.za
 - Education - EDUExams@ufs.ac.za
 - Health Science - HSCExams@ufs.ac.za
 - Law - LAWExams@ufs.ac.za
 - Economic and Management Sciences - EMSExams@ufs.ac.za
 - Theology and Religion - THLExams@ufs.ac.za
- Students will be informed via email of the outcome once all required application documents have been received.

I hereby declare that: ☐ (please tick)

- I have qualified, in all respects, for admission to participate in the main examination for this module(s).
- I have not participated in the main examination for this module(s) on the date(s) indicated above.
- All information in this application form is true and correct. Should it be found that any information contained in this application form or the documents I have provided to the UFS in support of this application is untrue or incorrect, I may be subject to disciplinary action and the withdrawal of any concessions or approval granted based on such incorrect or untrue information, as well as the forfeiting of any marks thus obtained.

SIGNATURE OF APPLICANT

DATE OF SUBMISSION

FOR OFFICE USE ONLY

Application type		Application outcome	
Compassionate		Granted	
Compelling		Not granted	
Medical		Received	
Timetable		Document(s)outstanding	
 / Examination officer signatures		 Date	

SECTION B (only completed by a medical doctor, a psychologist, or a professional nurse, registered with the relevant professional council, if applicable):

Student information			
Student's name and surname		Student number	

Medical practitioner's information (All fields must be completed)			
Name of registered medical doctor/psychologist/professional nurse	Name of professional council	Registration number	
Practice number	Email address	Telephone number	
Consultation date	Have you personally examined the student and diagnosed their illness? (Mark the applicable block)		
	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Diagnosis:			
The student could not sit for this examination regarding the aforementioned module(s) on the scheduled examination date(s) due to the above-mentioned medical condition.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
According to my knowledge, the student was unfit to sit for this examination from (<i>please indicate the dates of the period for which the student was unfit</i>) _____ up to/including _____.			

I confirm that the information supplied in section B above is true and accurate in every respect.

Signature of registered medical practitioner

Date

Medical practitioner official stamp