



**SUPPLEMENTARY EXAMINATION APPLICATION FORM
MAIN MID-YEAR 2026**

DEADLINE FOR APPLICATIONS: 24 JUNE 2026

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 | Supplementary examination date | Admission to examination Yes/No |
| | | | |
| | | | |
| | | | |

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 Science - EMSExams@ufs.ac.za
 - Theology and religion - THLExams@ufs.ac.za
- Students will be informed via email of the outcome once all required documents of the application have been received.

I hereby declare that:

- 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

| <u>Application type:</u> | | <u>Application outcome:</u> | |
|--------------------------|--------------------------|-----------------------------|--------------------------|
| Compassionate | <input type="checkbox"/> | Granted | <input type="checkbox"/> |
| Compelling | <input type="checkbox"/> | Not granted | <input type="checkbox"/> |
| Medical | <input type="checkbox"/> | Received | <input type="checkbox"/> |
| Timetable | <input type="checkbox"/> | Document(s) outstanding | <input type="checkbox"/> |
| | | Appeal | <input type="checkbox"/> |

Examination Officer signatures

Date



E001

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 name and surname | | Student number | |

| Medical practitioner information (All fields should be completed) | | |
|--|------------------------------|-----------------------------|
| Name of registered medical doctor / psychologist / professional nurse | Name of professional council | Registration number |
| | | |
| Practice number (compulsory) | Telephone number | Consultation date |
| | | |
| Have you personally examined the student and diagnosed their illness? (Mark the applicable block): | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Diagnosis (<i>please write legibly</i>): | | |
| | | |
| 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 . | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 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 _____ | | |
| Additional comments (e.g., about the patient's medical history, if applicable): | | |
| | | |

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

Signature of registered medical practitioner

Date

| |
|--|
| <u>Medical practitioner official stamp</u> |
|--|