

SUPPLEMENTARY EXAMINATION APPEAL FORM

DEADLINE FOR APPEALS: 08 DECEMBER 2025

A. Student information

| Surname | | | Full Names | | | Student number | | | |
|--|-----------|--------------------------|----------------|-----------------------------------|-----------------------|--|-----------|-----------------------------------|--|
| | | | | | | | | | |
| UFS E-mail address | | | Contact number | | | Qualification registered for | | | |
| | | | | | | | | | |
| B. Supplementary Examination application information | | | | | | | | | |
| Module(s) applied for | Date of i | Date of main examination | | Date of supplementary examination | | Date supplementary examination application submitted | | Date application outcome received | |
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| | 1 | | • | | | | | | |
| Reason for Supplementary Examination Application | | | | | | | | | |
| Compassionate Compellin | | Compelling | Medio | | cal | Timetable | | | |
| Signature Applic | ant | | | | | | Submissio | on date | |
| FOR OFFICE USE ONLY | | | | | | | | | |
| Outcome of the a | ppeal | | | | | | | | |
| Approved | | Not app | proved | | More information need | | led | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Signature Dean | | | | | | | Date | | |