

SUPPLEMENTARY EXAMINATION APPEAL FORM

DEADLINE FOR APPEALS: 15 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	
	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		