



**SUPPLEMENTARY EXAMINATION APPEAL FORM**  
**DEADLINE FOR APPEALS: 07 JULY 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 main examination	Date of supplementary examination	Date supplementary examination application submitted	Date application outcome received

Reason for Supplementary Examination Application							
Compassionate		Compelling		Medical		Timetable	

**C. Appeal information**

Motivation for appeal (All supporting documents should be included)

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Submission date

**FOR OFFICE USE ONLY**

**Outcome of the appeal**

Approved		Not approved		More information needed	

\_\_\_\_\_  
Signature Dean

\_\_\_\_\_  
Date