E001A
Appeal

SUPPLEMENTARY EXAMINATION APPEAL FORM

DEADLINE FOR APPEALS: 29 NOVEMBER 2024

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									
Medical		Timetable		Compassionate		Compelling		Improve marks	

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	

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Signature Dean _____ **Date** _____

Clear Form