FORM E001

UNIVERSITY OF THE FREE STATE

DEADLINE FOR APPLICATIONS: 18 NOVEMBER 2026

SUPPLEMENTARY EXAMINATION APPLICATION FORM
Main End-of-Year 2026

SECTION A (to be completed by the student)

INFORMATION OF STUDENT	
Student number	*Click or tap here to enter text.*
Full names	
Surname	*Click or tap here to enter text.*
Contact number	*Click or tap here to enter text.*

EXAMINATION APPLICATION INFORMATION		
Module Code	**Main Examination Date**	**Supplementary Examination Date**
Click or tap here to enter text.	*Click or tap here to enter text.*	*Click or tap here to enter text.*
Click or tap here to enter text.	*Click or tap here to enter text.*	*Click or tap here to enter text.*
Click or tap here to enter text.	*Click or tap here to enter text.*	*Click or tap here to enter text.*
Click or tap here to enter text.	*Click or tap here to enter text.*	*Click or tap here to enter text.*

IMPORTANT

1. 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.
2. 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.
3. Applications due to a criminal act committed against the student, or a motor vehicle accident, should include the SAPS case number in the affidavit.
4. The medical report on page 2 of this form must be attached to all applications for medical reasons.
5. Feedback regarding the applications will be sent to the students' UFS4life email addresses. It is the students' responsibility to check their emails regularly.
6. Applications and supporting documents for Bloemfontein, South Campus and QwaQwa Campus must be emailed to the faculty email addresses:

Natural & 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 & Management Sciences: **EMSExams@ufs.ac.za**
Theology & Religion: **THLExams@ufs.ac.za**

7. You will be notified of the outcome of your application via email once it has been processed.

_____ _____

Signature of applicant | Date of submission

DECLARATION

I hereby declare that: (please tick)

a) ☐ I have qualified, in all respects, for admission to participate in the main examination for this module(s).

b) ☐ I have not participated in the main examination for this module(s) on the date(s) indicated above.

c) ☐ 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.

FOR OFFICE USE ONLY

Application type		**Application outcome**	
Compassionate	☐	Granted	☐
Compelling	☐	Not granted	☐
Medical	☐	Received	☐
Timetable	☐	Document(s) outstanding	☐

_____ _____

Examination Officer signature | Date

UNIVERSITY OF THE FREE STATE

SECTION B (only completed by a medical doctor, psychologist, or professional nurse, registered with the relevant professional council, if applicable)

STUDENT INFORMATION	
Student's name & surname	*Click or tap here to enter text.*
Student number	*Click or tap here to enter text.*

MEDICAL PRACTITIONER'S INFORMATION (all fields must be completed)	
Name of registered medical doctor / psychologist / professional nurse	*Click or tap here to enter text.*
Name of professional council	*Click or tap here to enter text.*
Registration number	*Click or tap here to enter text.*
Practice number	*Click or tap here to enter text.*
Email address	*Click or tap here to enter text.*
Telephone number	*Click or tap here to enter text.*
Consultation date	*Click or tap here to enter text.*
Have you personally examined the student and diagnosed their illness? (Yes/No)	*Click or tap here to enter text.*

DIAGNOSIS
Click or tap here to enter the diagnosis.

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. (Yes/No)	*Click or tap here to enter text.*
According to my knowledge, the student was unfit to sit for this examination from (please indicate the date)	*Click or tap here to enter text.*
Up to / including (please indicate the date)	*Click or tap here to enter text.*

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

_____

Signature of registered medical practitioner

_____

Date

Medical Practitioner Official Stamp