

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	
Full names	
Surname	
Contact number	

EXAMINATION APPLICATION INFORMATION

Module Code	Main Examination Date	Supplementary Examination Date

IMPORTANT

- 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.
- 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.
- Applications due to a criminal act committed against the student, or a motor vehicle accident, should include the SAPS case number in the affidavit.
- The medical report on page 2 of this form must be attached to all applications for medical reasons.
- Feedback regarding the applications will be sent to the students' UFS4life email addresses. It is the students' responsibility to check their emails regularly.
- 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
 Education: EDUExams@ufs.ac.za
 Law: LAWExams@ufs.ac.za
 Theology & Religion: THLExams@ufs.ac.za
 Humanities: HUMExams@ufs.ac.za
 Health Science: HSCExams@ufs.ac.za
 Economic & Management Sciences: EMSExams@ufs.ac.za
- 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)

- ☐ I have qualified, in all respects, for admission to participate in the main examination for this module(s).
- ☐ I have not participated in the main examination for this module(s) on the date(s) indicated above.
- ☐ 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

Compassionate	☐
Compelling	☐
Medical	☐
Timetable	☐

Application outcome

Granted	☐
Not granted	☐
Received	☐
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	
Student number	

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

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)	
According to my knowledge, the student was unfit to sit for this examination from (please indicate the date)	
Up to / including (please indicate the date)	

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

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