

## DEFERRAL: REQUEST TO CROSS THE STAGE FORM

### A PERSONAL INFORMATION

Name: .....

Surname: .....

Identity/passport number: .....

Student number: .....

### B CONTACT DETAILS

Email address: .....

Cellphone number: .....

### C REQUEST DETAILS

Name of qualification to be conferred: .....

Faculty: .....

Graduation ceremony date and time: .....

Request to defer to (insert date of graduation): .....

Reason for deferral: .....

### D SPECIAL NEEDS

Do you or any of your guest(s) have a disability?: .....

.....

Describe the nature of the disability: .....

.....

IN ORDER TO BE CONSIDERED PLEASE NOTE REQUESTS MUST BE ACCOMPANIED BY SUITABLE EVIDENCE  
SUCH AS TRAVEL ITINERARY, PROOF OF ILLNESS/DEATH ETC.

I further undertake to obey and comply with the rules, regulations, instructions, orders, and guidance as given by officials and members of Protection Services, failing which I may be liable for exclusion and prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMPLETED FORM MUST BE SUBMITTED TO GRADUATIONSQWAQWA@UFS.AC.ZA  
NO LATER THAN ONE MONTH BEFORE GRADUATION DATE.