

CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)

APPLICATION FORM FOR RECEIVING EXTRA TIME (REGULATION 25)

PLEASE READ THROUGH THIS FORM CAREFULLY TO AVOID CONFUSION/DELAYS IN YOUR APPLICATION

Please ensure that you submit your **completed** application form with **ALL** requested documentation at least **two working days** before the scheduled processing date. **Applications close two working days before the scheduled processing dates**

Please note the following:

- Failure to submit all requested documentation may result in delaying your application until the next processing date.
- All applications are valid for one academic year and therefore must be renewed annually.
- We do not issue extra time for anxiety or depression.
- If you have sufficient evidence (supporting documentation) regarding your application, you do not need to write the handwriting speed evaluation or psychometric tests.
- We do not grant extra time for assignments or research projects
- The report(s) from a health care professional must include a recommended actions (see list on last page)
- Reports are finalized within a week of the due date.
- If your application was successful, you will receive an email with your report from the Centre for Universal Access and Disability Support (CUADS) together with a Reasonable Accommodation Application form to be completed by yourself and submitted to the email address provided.

Application process FAQ's

What if I have **proof** of receiving concessions in school / reports from medical, allied health or mental health professionals?

- *submit all completed forms at the Centre for Universal Access and Disability Support (CUADS) or via email.*

What if I am applying due to **handwriting speed**?

- *submit all completed forms at CUADS*
- *book appointment with the Occupational Therapist (see important notes under OT's contact details)*

What if I have **no current proof** of needing a concession?

- *submit all completed forms at CUADS*
- *book appointment with the Occupational Therapist*
- *book for psychometric assessment (if needed)*

T: +27 51 401 3713 | E: cuads@ufs.ac.za | www.ufs.ac.za

*Inspiring excellence, transforming lives
through quality, impact, and care.*

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Occupational Therapist (for slow handwriting speed etc)

If you are applying due to handwriting speed, you have to book an appointment with the Occupational Therapist before the panel interview date. To book an appointment, please contact Thembi Nkomo at nkomoT@ufs.ac.za. Please attach the following if available:

1. A copy of a letter stating that you have previously received concessions
2. Doctors letter noting an appropriate diagnosis that would warrant extra time

Psychometric Assessment at an Educational Psychologist (if you have no other proof)

Please book by either phoning +27 51 436 5078 /+27 82 856 3736 / email hattcm@gmail.com. Please be on time.

Only book for this if you have no other proof/your handwriting assessment did not show any difficulties.

**Due dates
for the first semester
applications are:**

10 February 2026
10 March 2026
14 April 2026
18 May 2026

**Due dates
for the second semester
applications are:**

21 July 2026
25 August 2026
15 September 2026
06 October 2026

The closing date for the School of Financial Planning Law extra-time applications is 21 July 2026.

Extra time reports will be issued within a week of the above dates.

If your application was successful, you will receive an email with your report from the Centre for Universal Access and Disability Support (CUADS) together with a Reasonable Accommodation Application form to be completed by yourself and submitted to the email address provided.

Have you:

| | | |
|--|------------------------------|-----------------------------|
| Completed the application form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Attached all required documentation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Made an appointment with the OT? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Made an appointment at CUADS for the panel interview, if required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Made an appointment at the Educational Psychologist for the psychometric evaluations, if required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PLEASE NOTE:

- Your application cannot be processed without a **completed application form** or **without any proof**.
- If your application is incomplete, it will have to **stand over** to the next processing date.
- Email your completed application forms and proof to extratimeapp@ufs.ac.za.

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APPLICATION FORM FOR RECEIVING EXTRA TIME (REGULATION 25)

Date _____

New application Renewal

PERSONAL PARTICULARS

Surname _____

Full names _____

Date of birth _____

Student number _____

Email address _____

Telephone number _____

Course _____

Academic year (1st etc.) _____

Referred by _____

Bloemfontein Campus South Campus Qwaqwa Campus Distance Learning School

HISTORY

State reason(s) for requesting extra time

Diagnosis / Difficulty

Medical reason _____

Physical disability _____

Learning difficulty _____

Psychological difficulty _____

Other (please specify) _____

Have you received any additional time in previous examinations?

Yes (in school) Yes (at University) No

Please specify: _____

If this is a **renewal**, do you have new or updated reports/recommendations with regards to your application?

Yes If yes, please elaborate _____
No _____

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Please attach certified copies of all

- Medical records
- Academic records
- Any other documentation to substantiate your application

Additional comments

I declare that I have read the application process and understand that if I do not adhere to the application process it may have a negative impact on my application.

Signature _____

Date: _____

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Please use this template which should be completed by your Medical Doctor, Allied Health Practitioner, Psychologist or Psychiatrist and submit together with a detailed report.

Name of patient _____

ID number of patient _____

UFS Student Number _____

Name of medical doctor / _____
allied health practitioner / _____
psychologist / _____
psychiatrist etc. _____

Practice number _____

Telephone number _____

Date on which above mentioned student consulted you for the first time regarding the condition mentioned?

Have you personally examined and diagnosed the student?

Yes No

If yes, please clearly state the nature of the illness, disorder or injury to the extent that it can be determined, adding brief particulars regarding the prognosis, progression, characteristics, impairment on functioning, severity and cause thereof, management, medication and your recommendation for the student i.t.o. extra time.

Include by means of a report:

- Nature of illness/disorder/injury
- Impact on academic functioning
- Current management
- Your recommendation
- Additional information

Signature _____ Date: _____