

# 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 time (10 or 15 min extra per hour)
- 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](mailto:cuads@ufs.ac.za) | [www.ufs.ac.za](http://www.ufs.ac.za)

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CENTRE FOR UNIVERSAL  
ACCESS AND DISABILITY  
SUPPORT (CUADS)

# CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)

## APPLICATION FORM FOR RECEIVING EXTRA TIME (REGULATION 25)

### 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](mailto: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](mailto: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.

<b>Due dates</b> for the first semester applications are:	30 January 2024 13 February 2024 12 March 2024 23 April 2024 28 May 2024	<b>Due dates</b> for the second semester applications are:	23 July 2024 27 August 2024 17 September 2024 15 October 2024 (LAST DATE FOR 2024)
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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  No
- Attached all required documentation? \_\_\_\_\_ Yes  No
- Made an appointment with the OT? \_\_\_\_\_ Yes  No
- Made an appointment at CUADS for the panel interview, if required? \_\_\_\_\_ Yes  No
- Made an appointment at the Educational Psychologist for the psychometric evaluations, if required? \_\_\_\_\_ Yes  No

### 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](mailto:extratimeapp@ufs.ac.za).

# CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)

## 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 \_\_\_\_\_

### 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  \_\_\_\_\_



# **CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)**

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*Please attach certified copies of all*

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

*Additional comments*

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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: \_\_\_\_\_



# CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)

## APPLICATION FORM FOR RECEIVING EXTRA TIME (REGULATION 25)

If you have no report, please use this template which should be completed by your Medical Doctor, Allied Health Practitioner, Psychologist or Psychiatrist.

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.*

Nature of illness/disorder/injury \_\_\_\_\_

Impact on academic functioning \_\_\_\_\_

Current management \_\_\_\_\_

Your recommendation \_\_\_\_\_

(either 10 or 15 min extra time per hour)

Additional information \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_