CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)

TUTOR REQUEST FORM

Academic Year _____ Semester _____

Student name _____ Student number _____

Cell nr _____ E-mail address _____

Disability Support Coordinator _____ Campus: ☐ Bloemfontein ☐ Qwaqwa ☐ South

Lecturer's info

Faculty *(EMS / HUM / LAW etc.)*	Module code	Lecturer	Tel nr	E-mail

Student's timetable: Indicate the periods that you are not available:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
07h10					
08h10					
09h10					
10h10					
11h10					
12h10					
13h10					
14h10					
15h10					
16h10					
17h10					
18h10					

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