

# 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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