



APPLICATION FOR ADMISSION TO A SPECIAL EXAMINATION

STUDENT NUMBER:

ACADEMIC PROGRAM/PLAN:

TITLE, INITIALS AND LAST NAME:

E-MAIL ADDRESS: **Cell no:**

PLEASE REFER TO THE EXAMINATION AND RELATED MATTERS

<https://www1.up.ac.za/cs/groups/staff/@contrib/documents/document/chby/mdm5/~edisp/uppr039909.pdf>

PARTICULARS OF COURSE(S) YOU ARE APPLYING FOR IN DATE ORDER:

Module(s) (eg SLK 151)	Date of examination	Supplementary date

.....
SIGNATURE: STUDENT

.....
 Date

FOR OFFICIAL USE

APPLICATION RECEIVED ON **BY**
 (OFFICIAL)

RESULTS OF APPLICATION

- During supplementary examinations
- Arranged with department
- Application refused

for **DEAN:**.....

DATE:

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