



**APPLICATION FOR ADMISSION TO A SPECIAL EXAMINATION**

Student number: ..... Degree: .....

Initials and last name: ..... Email address: .....

Contact 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 code	Date of examination	Date of special examination

Student Signature: .....

Date: .....

<b><u>FOR OFFICIAL USE</u></b>	
Application received on .....	By .....

Outcome of application:

- Approved
- Not approved. Reason: .....
- Referred to Department of Legal Services. Reason: .....

For Dean: .....

Date: .....

**NB:** For more information about how the University uses personal information, please visit our Privacy Notice: <https://www.up.ac.za/iGaPP-programme/article/2820008/privacy-notices>