Central University of Technology, Free State

APPLICATION FORM
SICK/SPECIAL ASSESSMENTS

To be completed by the student:

Please indicate the applicable form	
APPLICATION FOR SPECIAL ASSESSMENT (ILLNESS EXCLUDED)/ ***(Complete no. 1, 2, 4, 5 and 6 only)***	*R220-00
APPLICATION FOR SPECIAL ASSESSMENT AS A RESULT OF ILLNESS/ ***(Complete no. 1, 2, 4 and 6 only)***	
APPLICATION FOR SPECIAL ASSESSMENT IN ORDER TO OBTAIN A QUALIFICATION ***(Complete no. 1, 2 and 6)***	*R220-00

STUDENT NUMBER	1.
FULL NAMES	1.
SURNAME	1.
POSTAL ADDRESS	1.
E-MAIL ADDRESS	1.
TEL. NO. OF APPLICANT	1.
FIELD OF STUDY	1.

SUBJECT AND SUBJECT CODE (E.g. Financial Accounting I REK10CB)	**MAIN ASSESSMENT**	**DATE OF ASSESSMENT(S)**
2.	3.	4.

** Please Note: An administrative fee per subject, as determined by the* Deputy Vice Chancellor: Resources and Operations*, is payable before your application will be processed.*

REASON/MOTIVATION FOR YOUR APPLICATION: (PLEASE ATTACH SUPPORTING DOCUMENTS)
5.

I hereby declare that:

- I have earned an official admission mark of at least 40% for the course/module;
- I have earned a sub-minimum mark of 50 % for practical work and projects in specified subjects; and
- I have unsuccessfully participated during my final year of study in the course/module outstanding for the qualification to be awarded.

6.	6.
……	…….
DATE	SIGNATURE OF APPLICANT

FOR OFFICE USE		
RESULT: APPLICATION FOR SICK/SPECIAL ASSESSMENTS		
Recommendation by Senior Administrative Officer (SAO):	YES	NO
..... SIGNATURE OF SAO	..... DATE	

RECEIPT NO:		DATE:	AMOUNT:
APPROVED	REJECTED	..... REGISTRAR	……. DATE