

FACULTIES MUST RETURN THE COMPLETED FORM TO ACADEMIC STRUCTURE AND STUDENT ENROLMENT SERVICES. UNDER NO CIRCUMSTANCES MAY THE FORM BE GIVEN TO STUDENTS.

LS 102.2

## **APPEAL – FOR RE-ADMISSION**

PLEASE SUBMIT FORM TO ACADEMIC STRUCTURE AND STUDENT ENROLMENT SERVICES						
SECTION A (TO BE COMPLETED BY STUDENT)						
1 <sup>ST</sup> APPEAL	(TO BE COMPLET	2 <sup>nd</sup> APPEAL				
STUDENT NUMBER						
FULL NAMES						
SURNAME						
POSTAL ADDRESS						
E-MAIL ADDRESS						
TEL. NO. OF APPLICANT						
QUALIFICATION ACADEMICALLY EXCLUDED FOR						
MOTIVATION FOR RE-ADMISSION (Supporting documents if applicable)						
WELLNESS REPORT Have you made use of any We	llness programmes eg. p	sychologist, social worker,	YES	NO		
academic support. COMMENTS AND CONDITION (To be completed by Wellness)						
Should a student feel aggrieved by the decision of the Appeals Committee, he/she may lodge a final appeal or objection with the Executive Committee of Senate for a final ruling on the matter.						
SIGNATURE OF APPLICANT			DAT	 E		

FOR OFFICE USE					
SECTION B (TO BE COMPLETED BY ACADEMIC STRUCTURE AND STUDENT ENROLMENT SERVICES) DATE(S) ON WHICH PREVIOUS APPEALS WAS GRANTED TO THE STUDENT (IF APPLICABLE):					
DATE(S) ON WH	ICH PREVIOUS AF	PEALS WAS GRANTED TO THE STUDE	NT (IF APPLICABLE):		
		SECTION C			
COMMENTS AND		MPLETED BY THE HEAD OF DEPARTM	=NI)		
COMMENTS AND	CONDITION.				
RECOMMENDAT	ION:				
SIGNATURE OF	HEAD OF DEPART	MENT	DATE		
		SECTION D APPEALS COMMITTEE			
COMMENTS AND	O CONDITION:				
APPROVED	REJECTED				
		CHAIRPERSON: APPEAL COMMITTEE	DATE		