

UNIVERSITY OF LIMPOPO



APPLICATION FOR AEGROTAT/DEFERRED EXAMINATION

SIDE A TO BE COMPLETED BY APPLICANT

1. STUDENT NUMBER : _____
2. FULL NAMES OF STUDENT : _____
3. ADDRESS : _____

4. COURSES WRITTEN DURING THE EXAMINATION

5. COURSES NOT WRITTEN AND FOR WHICH YOU APPLY FOR

| COURSES | SEMESTER MARK | DATE OF EXAMINATION | OFFICE USE |
|---------|---------------|---------------------|------------|
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6. REASON FOR ABSENCE

- 6.1 In case of illness
Completed and signed by _____ Medical Certificate (Section A)
- 6.2 In case of family circumstances
completed and signed by _____ Declaration (Section B)

SIGNATURE OF APPLICANT

DATE

NB: THE FOLLOWING WILL NOT BE ACCEPTED AS ADEQUATE REASONS FOR ABSENCE FROM EXAMINATION

1. Misreading of the examination time-table
2. Failing to receive examination results because of outstanding fees
3. Clashes of subjects / Modules on the examination timetable

SIDE B: SECTION A

A Name and qualifications of
Medical Practitioner

I, (Medical Practitioner)
Residing at

B Name of Applicant

hereby certify that (applicant's name)

C Period

has been under medical treatment from
TO

D State distinctly, and as far
as possible in non-technical
terms, the nature of the
illness, disease, or injury
with concise particulars as
to its history symptoms,
sustainable

that he/she is suffering from

I further certify that she/he is in consequence unable to
sit for the exams, and I consider it essential for the
recovery of his/her health that she / he should have leave for
absence from to.....
for the purpose of.....

| | |
|---|---|
| <p>..... DATE AND STAMP OF MEDICAL PRACTITIONER</p> | <p>..... MEDICAL PRACTITIONER SIGNATURE</p> |
|---|---|

SECTION B: FAMILY CIRCUMSTANCES

Declaration in the case of serious illness or death of relatives:

I declare that the applicant's.....
 (Indicate relationship e.g. father)

Was

- (i) seriously ill on.....
- (ii) passed away on

.....
SIGNATURE **DATE**

Authority for signinge.g. Magistrate

NB: A certified copy of the Medical Certificate or Death Certificate should be attached in the case of family circumstances

| | |
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| Approved/Not approved SIGNATURE : HEAD OF DEPARTMENT | DATE |
| REMARKS | |
| Approved/Not approved SIGNATURE : DEAN OF FACULTY | DATE |
| REMARKS | |