



FACULTY EXCLUSION APPEALS COMMITTEE

Please write legibly, making it easy for the committee to read your information

Please email your appeal form to: petros.ntoahae@ul.ac.za

School	SAES	SMCS	SMLS	SPMS	For Office Use Only	
Date: <u>January 2022</u>						
Surname and initials			Student number		Qualification	
Cell phone Number						
Email address (use keyaka email only)						
List modules failed		Number of times module(s) repeated		Applicable Exclusion Rule(s)		
Are you returning after interruption?			No	Yes	COMMITTEE DECISION	
Were you previously excluded?			Yes	No	Re-admit	Uphold exclusion
If so, which year was it?						
Signature			Conditions for re-admission			
			Chairperson's Signature:			
			Date:			