

NAME	STUDENT NUMBER	DATE
Please Print		
CAMPUS (TICK)	PROGRAMME (TICK)	PHONE/CELL NO
<input type="checkbox"/> BOLAND OVERBERG <input type="checkbox"/> METRO <input type="checkbox"/> SOUTHERN CAPE KAROO	<input type="checkbox"/> R169 <input type="checkbox"/> R171 <input type="checkbox"/> R174 <input type="checkbox"/> R1497 <input type="checkbox"/> R635 _____ (Specify speciality)	

1. I hereby request - please tick ✓ the appropriate :

A **deferment** of an assessment

Primary paper/clinical bedside

T1 T2 T3 T4 T5 T6

A **re-mark/recount** of theory assessment script

Primary paper

T1 T2 T3 T4 T5 T6

Reassessment/Deferred

T1 T2 T3 T4 T5 T6

A **recount** of clinical assessment mark sheet

Primary assessment

T1 T2 T3 T4 T5 T6

Reassessment/Deferred

T1 T2 T3 T4 T5 T6

2. **Name of subject** _____

3. **Date of assessment** _____

4. **Date of deferred assessment** _____

5. **Reason for request** _____

Please write a brief motivation to the HOD stating why you are requesting a deferred assessment:



SIGNATURE OF STUDENT: _____

DATE: _____

NB: If you have listed illness, a death in the family, or any other traumatic events as your reason for requesting a postponed/deferred assessment, you are required to submit certified copies of death certificates, medical certificates, police case number, or any substantiating letters from parents / guardians. These documents should be attached to this request form.

Evidence attached: YES NO

RESPONSE FROM HEAD OF DEPARTMENT

Signature of HOD

Date

PRINT NAME