UNIVERSITY OF JOHANNESBURG

NB THE FINAL DECISION AS TO WHETHER THE STUDENT IS/WAS ABLE TO WRITE A TEST/EXAMINATION RESTS WITH THE UNIVERSITY.

APPLICATION FOR DEFERRED (AEGROTAT) TEST(S)/EXAMINATION(S)

F APPLICATION(S) FOR DEFERRED (AEGROTAT) TEST(S) MUST BE SUBMITTED TO THE RELEVANT LECTURER,
F F AND APPLICATIONS FOR DEFERRED (AEGROTAT) EXAMINATION(S) TO THE HEAD: FACULTY ADMINISTRATION IN THE OFFICE OF THE DEAN.

SECTION 1 TO BE COMPLETED BY THE STUDENT

1.1 **INITIALS AND SURNAME:** _____

1.2 **TITLE** (MARK WITH AN X): MR [ ] MRS [ ] MS [ ] MISS [ ] OTHER [ ]

1.3 **STUDENT NUMBER:** [ ][ ][ ][ ][ ][ ][ ][ ][ ]

1.4 **NAME OF QUALIFICATION:** _____

1.5 **TELEPHONE NUMBER:** [ ] (AREA CODE) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

1.6 **ADDRESS DURING STUDIES:** _____

_____ **POSTCODE:** [ ]

1.7 **COURSE(S) AND DATE(S) OF TEST(S)/EXAMINATION(S):**

COURSE	DATE	COURSE	DATE	COURSE	DATE

DATE OF APPLICATION: [ ] **SIGNATURE OF STUDENT:** [ ]

SECTION 2 TO BE COMPLETED BY A MEDICAL PRACTITIONER

2.1 **INITIALS AND SURNAME:** DR _____

2.2 **REGISTERED PRACTICE/PROFESSIONAL COUNCIL NUMBER:** _____

2.3 **TELEPHONE NUMBER:** [ ] (AREA CODE) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

2.4 **I HEREBY CONFIRM**

(a) that I examined the abovementioned patient on _____ (date) ; and

(b) that the following diagnosis was made: _____ .

F MARK APPROPRIATE BLOCK WITH AN X

(c) [ ] I am convinced that the patient **is/was not able** to write test(s)/exam(s) on _____ (date(s))

OR

[ ] I cannot, with certainty, say that the patient **is/was not able** to write test(s)/exam(s) on _____ (date(s))

F F **YOU ARE KINDLY REQUESTED TO PLACE AN OFFICIAL STAMP OF YOUR MEDICAL PRACTICE ON THE FORM OR TO ATTACH A LETTERHEAD OF THE MEDICAL PRACTICE WITH YOUR SIGNATURE THEREON. YOUR COOPERATION IS GREATLY APPRECIATED.**

_____ SIGNATURE OF MEDICAL PRACTITIONER

_____ DATE

SECTION 3 TO BE COMPLETED BY THE DEAN OR HIS/HER APPOINTEE

APPROVED	REJECTED

(MARK WITH AN X))

_____ SIGNATURE OF DEAN

_____ DATE

[SIEKTE-EKS-VORM-E]

F F AFRIKAANS OP KEERSY