ALL DEFERRED EXAMINATION APPLICATIONS MUST BE SUBMITTED WITHIN 7 DAYS OF THE SCHEDULED EXAM DATE

NB: PLEASE READ THE APPLICATION FORM VERY CAREFULLY AND FOLLOW THE DIRECTIONS TO AVOID ANY DELAYS

AS PER HANDBOOK 3 – GENERAL RULES AND POLICIES: G26.1 “The granting of this permission is entirely at the discretion of the Senate, irrespective of the grounds (including medical) on which the application is made.”

Please tick that the following have been done before submitting your application:

<table>
<thead>
<tr>
<th></th>
<th>I have filled in ALL my examinations as per the exam timetable including the dates and time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>I have included a printout (from Peoplesoft) of my exam timetable.</td>
</tr>
<tr>
<td>2</td>
<td>I have submitted the relevant signed DP form/s.</td>
</tr>
<tr>
<td>3</td>
<td>I have signed the declaration.</td>
</tr>
<tr>
<td>4(a)</td>
<td>I have submitted the all the relevant documentation (medical certificate/death certificate etc) and understand that my application will be decided on the documentation I now submit OR</td>
</tr>
<tr>
<td>4(b)</td>
<td>I have NOT submitted all the relevant documents and my application will be held back until I have submitted all outstanding documents. If yes, please list them below: Yes No</td>
</tr>
</tbody>
</table>

Please note the following:

1. The form must be completed and signed by the student. Only in cases where the student is unable to apply him or herself will an application completed by a third party be accepted. Please note that if a third party is completing the form, the student must confirm the application is being made on his or her behalf in writing (email acceptable).

2. All the examinations and their dates must be filled in on the form as required. A print out of your timetable must be attached.

3. The DP/non-DP certificate form must be completed by the respective departments. (The student must take the form to the department in question and once completed, it must be returned to the Student Records Office) with the application.

4. All documents eg, medical certificates, death certificates and any relevant documents in respect of your application must be attached to the application. As you have ONLY one chance to request a deferred examination, please ensure that your application is complete and that all relevant documentation is attached to your application.
5. Any information of a sensitive nature will be treated in the strictest confidence by the Deferred Examination Committee. Should you not be able to submit all the necessary documents immediately, (eg specialist report) advise the Student Records Office accordingly.

6. Note: Students who attended the scheduled examination are not eligible for a deferred examination.

7. NOTE: Where a student writes the examination and hears after writing that he or she is granted the deferment, the grant of the deferred examinations stands and the result of the examination written may not be substituted. A pass result for an examination written will not be considered grounds for an appeal against the decision to grant the deferment.

NB: Please refer to Handbook 3, General Rules and Policies, to see all the rules applicable to deferred examinations.

PLEASE COMPLETE THE APPLICATION FORM AND SIGN THE DECLARATION BELOW:

DECLARATION:

(a) I hereby acknowledge that the information supplied herein is true and that I have read and understood the rules regarding deferred examinations. I furthermore understand that if any of the information is found to be incorrect, it could jeopardize my chances of being granted a deferment.

(b) I consent to disclosure of my medical/psychological information to those who need the information to assess my application for a Deferred Examination, and I give permission to the University to contact the medical practitioner/psychologist who has issued this information to clarify or amplify any points in this report.

(c) I have submitted all pertinent documents (or indicated where they are pending) and disclosed all information required by the Deferred Examination Committee to make a decision.

(d) Tick which is appropriate:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>I am under 18 and agree that information may at UCT’s discretion be released to my parent/guardian.</td>
</tr>
<tr>
<td>b.</td>
<td>I am over 18 and understand my medical and personal circumstances will not be discussed with my parents.</td>
</tr>
</tbody>
</table>

NAME: _____________________ SIGNATURE: _____________________ DATE: ___________
THIRD PARTY: This section is to be completed ONLY if someone else is completing and submitting the application on behalf of the student:

Third party name and surname: ………………………………………………………………………………………………………

Relation to the student: …………………………………………………………………………………………………………………

Contact details: ……………………………………………………………………………………………………………………………

Email address: ……………………………………………………………………………………………………………………………

Confirmation from the student to confirm third party application in writing to be attached or submitted as soon as possible (email will also be accepted).

For queries about deferred examinations contact Vanessa Chitter:

Email address: vanessa.chitter@uct.ac.za

Telephone number: (021)650-4637

Please note: You will be informed via E-MAIL of the outcome of the application and a hard copy of the letter will be posted for your records.
PLEASE COMPLETE THE FOLLOWING:

SURNAME: …………………… NAME: …………………………… INITIALS: ……… TITLE: ………

STUDENT NUMBER: ………………………….. FACULTY: ………………………………………

EMAIL ADDRESS: (to which ALL correspondence relating to this application will be sent to).

(Please note if the email address is received back “undeliverable”, we will however simultaneously be forwarding the email to your UCT student number email address). Please ensure that you check both email addresses for the outcome of your application. Therefore please note that we will expect a reply from you within 7 days once we have sent any correspondence to you. Please ensure that you check your emails regularly).

PLEASE WRITE CLEARLY:

Email address: ………………………………………………………………………………………………………

Tel number: ………………………………… Cell number: ……………………………..

List ALL the examinations you were registered to write during the examination period and mark those you are asking for deferment for with "YES" in the space provided. Indicate whether you have a "DP" and if the examination(s) has been WRITTEN or ATTEMPTED. Please note any information that is incorrectly listed here will not be grounds for appealing the decision of the Deferred Examination Committee.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Paper/Module Number</th>
<th>Exam Time</th>
<th>Exam Date</th>
<th>Have you written or have attempted to write the exam YES/NO</th>
<th>Does the course have a DP YES/NO</th>
<th>Tick if DP form is completed and attached</th>
<th>Requesting Deferment (DE) YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg ELL1001W</td>
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</table>

Have you been granted Deferred Examinations in any courses in this year or previous years? YES/NO

If you circled YES, please list years and courses:

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NB: FOR EACH COURSE A SEPARATE DP FORM MUST BE SIGNED AND STAMPED BY THE DEPARTMENT AND SUBMITTED WITH YOUR APPLICATION. WHERE A DP IS NOT SET FOR A PARTICULAR COURSE, PLEASE INDICATE SO IN THE APPROPRIATE COLUMN ABOVE.
UNIVERSITY OF CAPE TOWN

MEDICAL CERTIFICATE IN SUPPORT OF THE DEFERRED EXAMINATIONS APPLICATION

NOTE: A DOCTOR'S CERTIFICATE IS NOT SUFFICIENT: (this form must be completed)

NB: THIS FORM MUST BE (CONFIDENTIAL REPORT) COMPLETED BY THE DOCTOR
AND FAXED/EMAIL TO: Vanessa Chitter:    Fax number: (021)650-5714
email address: vanessa.chitter@uct.ac.za

The student gives permission to the University to contact the Medical Practitioner to clarify or amplify any
points in this report. It is expected that the Medical Practitioner is not related to the student

SURNAME (student): …………………………………… INITIALS: ……………… TITLE: …….

DATE OF CONSULTATION: …….../……/…… (This must be the actual date the doctor saw the patient,
not the date of when the illness started)

DETAILED DESCRIPTION/EXPLANATION OF SYMPTOMS AND/OR HISTORY: (If this is not sufficient space please attach a separate report)

...................................................................................................................................................................................
...................................................................................................................................................................................

RESULTS OF PHYSICAL EXAMINATION:

...................................................................................................................................................................................
...................................................................................................................................................................................

DIAGNOSIS AND PRESCRIBED TREATMENT: (Please indicate the seriousness of the ailment/s on a scale
of 1-10: 10 = most serious)

1 2 3 4 5 6 7 8 9 10 (NB: please ring)

Please confirm any conditions (if any) which rendered him/her unfit to write an exam

...................................................................................................................................................................................
...................................................................................................................................................................................

If you have considered that the student is/was unfit to write exams, please indicate on what dates was the
candidate considered to be unfit to write exams:

FROM: …………………………… TO: ……………………………………….

DOCTOR’S NAME (Please print): ……………….. DOCTOR’S SIGNATURE: …………………

ADDRESS: …………………………………………………………………………………
...................................................................................................................................................................................

DOCTOR’S STAMP:

NB:  Student to give doctor Confidential Report which is to be returned separately (ie directly by the
doctor to Vanessa Chitter)
NB: THIS FORM MUST BE COMPLETED FOR EACH COURSE IN WHICH A DEFERMENT IS REQUESTED!

To be completed by:

Section A – by the Student

Name of student

Student Number:

Course for DE requested: *(Please ensure that you have the correct course code)*

Section B – by the Departmental Administrator

The Deferred Examination Committee requires official confirmation of the status of the student’s DP certificate.

If there is no DP set, **do NOT** complete this form. Please request the **Non DP** form to be sent via email to the Department.

Has the above-mentioned student been awarded a DP certificate?

YES

NO

Departmental Administrator’s signature: .........................................................

Please print name: .................................................................

Date: .................................................................

OFFICIAL DEPARTMENTAL STAMP:

NB: THIS FORM MUST BE COMPLETED FOR EACH COURSE IN WHICH A DEFERMENT IS REQUESTED!