**UNIVERSITY OF Assessment management**

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**ADDITIONAL EXAM MODULE CANCELLATION FORM-**

**STUDENT NO:..………………………………………………………………………………**

**NAMES: ……………………………………………………………………………………….**

**ADDITIONAL EXAM MODULE/S TO BE CANCELLED:**

|  |  |  |  |
| --- | --- | --- | --- |
| **MODULE CODE** | **YEAR OF REGISTRATION** | **EXAM TYPE** | **CANCELLATION REASON** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CONTACT NUMBER: …………………………………………………………………………………**

**DEGREE / DIPLOMA (e.g. BA II): …………………………………………………………………..**

**CANDIDATE’S SIGNATURE: …………………………….. DATE**:……………………….

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**FOR OFFICE USE**

**CONFIRMATION OF CAPTURE**

**EXAMINATION OFFICER: …………………………………………………………………………………..………..**

**SIGNATURE: ……………………………………………….. ..DATE: ……………………………………………….**

**CONFIRMATION OF APPROVAL**

**HOD : …………………………………………………,,,,,,,… DATE: ……………………………………………………..**

I…………………………………………………satisfied / not satisfied with cancellation.