

UNIVERSITY OF ZULULAND



ASSESSMENT MANAGEMENT

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SPECIAL RE-EXAMINATION APPLICATION FORM

SURNAME: **STUDENT NO:**.....

NAMES:

FULL ADDRESS TO WHICH RESULTS MUST BE POSTED:

.....

CONTACT NUMBER:

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

SUBJECT(S) TO BE WRITTEN: (e.g. CFA113)

1.

2.

CANDIDATE'S SIGNATURE: **DATE:**

- NB:**
1. In the case of a special examination (s) shall be granted to a student who has one or two outstanding courses to complete his/her Degree.
 2. In order to qualify for the special re-examination, a student must have obtained a semester or year mark of at least 40%.
 3. A special re-examination (s) shall be granted to a student in terms of Rule G15.

CONFIRMATION OF APPROVAL

EXAMINATION OFFICER:

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