

UNIVERSITY OF ZULULAND



ASSESSMENT MANAGEMENT

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✉ Private Bag X1001
KWADLANGEZWA
3886
South Africa
Tel: 035 902 6006/6320
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AEGROTAT EXAMINATION APPLICATION FORM

MAIN EXAM DATE:/...../.....

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

NAMES:

FULL ADDRESS TO WHICH RESULTS MUST BE POSTED:

.....

CONTACT NUMBER:

E-mail ADDRESS:

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

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

1.
2.
3.
4.
5.
6.

CANDIDATE'S SIGNATURE: **DATE:**.....

- NB:**
1. In the case of an aegrotat examination this form must be returned to the Assessment Management Department within 7 days from the date of the examination which you were unable to write.
 2. A medical certificate in the case of medical illness must accompany this form.
 3. In the case of serous illness or death of a relative, a sworn affidavit from the Magistrate or a copy of a death certificate should accompany this form.

**UNIVERSITY OF ZULULAND
APPLICATION FOR AN AEGROTAT EXAMINATION**

Application is hereby made for an aegrotat examination in terms of rule G14 that reads as follows:
G14

1. An aegrotat examination may be granted to a student prevented from taking part in the final examination of a module
 - a) by illness on the day of the examination or immediately before it, on condition that he/she submits a medical certificate specifying the nature and duration of the illness and declaring that for health reasons it was impossible or undesirable for him or her to sit for the examination: or
 - b) by family circumstances, such as the serious illness or death of a close relative at the time when examination was conducted, on condition that substantiating evidence of such circumstances be produced.
 2. An aegrotat examination shall not be granted to a student who has written the final examination.
 3. An application for an aegrotat examination must be submitted to the relevant Head of Department within 7 days of the date of the final examination.
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CONFIRMATION OF APPROVAL

EXAMINATION OFFICER:

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