



Tshwane University
of Technology
We empower people

DISTANCE EDUCATION UNIT
RE-ADMISSION APPLICATION FORM

TO: THE HEAD OF THE DEPARTMENT: _____

THE DEAN OF THE FACULTY: _____

STUDENT NUMBER:

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TITLE: _____ INITIALS: _____ SURNAME: _____

POSTAL ADDRESS: _____

 _____ POSTAL CODE: _____

CELL: _____ E-MAIL ADDRESS: _____

N DIP	B TECH
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 _____ COURSE CODE: _____

I participated in an Academic Intervention programme, or supportive or developmental action.

YES	NO
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If **YES**, give detail and attach proof: _____

If **NO**, provide reasons: _____

DESCRIBE EXTENUATING CIRCUMSTANCE IN DETAIL AND **ATTACH PROOF** (E.G. MEDICAL CERTIFICATES, PROOF OF HOSPITALISATION, AFFIDAVIT, ETC.)

(If space is insufficient, please attach another page)

NOTE: THE CLOSING DATE FOR RE-ADMISSION APPLICATIONS FOR 2019 IS 30 NOVEMBER 2018.

SIGNATURE: _____ DATE: _____

