



Distance Education Unit

Application for Special Examination
R173 per subject

STUDENT NUMBER

SURNAME

INITIALS TITLE

POSTAL ADDRESS

..... CODE

E-MAIL ADDRESS (COMPULSARY)

TELEPHONE NUMBER (OFFICE HOURS)

COURSE NAME COURSE CODE

INSTRUCTIONS

- Must be submitted within three days of writing exam
- Motivation must be accommodated by a medical certificate or affidavit
- Receipt must be attached to application

REASON

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Subject	Subject Code	Predicate

.....

Student Signature Date

Total amount payable R to Tshwane University of Technology
 Bank : ABSA
 Account No : 04 000 000 3
 Ref No. : **B102/STUDENT NUMBER**

I received the instructions with regards to the above examinations and I confirm that I have familiarized myself with these instructions as well as the rules and regulations in par. 4.1.15 and 4.1.16 of the University Prospectus. I have submitted the application form and will receive the outcome through the post.

OFFICE USE	NAME SURNAME	INITIALS	DATE
Approved	Yes No		