



University of Venda

APPLICATION FOR AN AEGROTAT/SPECIAL EXAMINATION IN TERMS OF RULES G.14 AND G.15

Rule G.14 as reflected in the University Calendar states that:

14.1 An assessment may be granted to a student who has been prevented from sitting for the examination:

- a) By illness on the day of the examination/assessment , or during or immediately before the examination/assessment , provided that a medical certificate from a registered medical practitioner is submitted to the satisfaction of the Senate, and provided further that student’s application is supported by the invigilator concerned or another responsible person; or
- b) As a result of domestic such circumstances such as serious illness or death of close relative during the examination / assessment, or other reasons, provided that Senate judges it to be a *bona fide* case and the student can provide satisfactory proof of such extraordinary circumstances.

14.2 The School Academic Board Examination Committee will determine whether the whole or only part of the examination in the subject concerned shall be written.

14.3 Where a candidate is permitted to write a part of the examination or present himself /herself for assessment that part of the examination/assessment presented before the illness or relevant circumstances shall remain valid.

14.4 Application for such special examination and assessment must be made on the prescribed form **within 14 days** of the date on which the examination was held, and the student must **pay the applicable fees** as determined by the Council.

I.....student number.....

enrolled for (degree)hereby apply for

permission to write an aegrotat examination for the following modules:

Module	Module Code	Paper	Date of Examination
.....
.....
.....

Address to which the outcome of your application must be sent:

.....
.....
.....
.....

Contact Telephone:

MEDICAL CERTIFICATE

I hereby certify that I have examined:

.....
(Full Names of Student)

And found him/her to be suffering from:

.....
(PLEASE GIVE A LAYMAN'S DESCRIPTION OF THE ILLNESS AS WELL)

In my opinion he/she was unfit to write his/her examination during the period

.....to

.....
Signature of Medical Practitioner

.....
Date

.....
Qualifications

.....
Medical Institution

NB: The following will not be accepted as adequate reasons for absence from an examination:

- (a) Essential hypertension, examination neurosis or similar complaints.
- (b) Overstrain due to excessive cramming shortly before the examination.

In support of my application I submit a Medical Certificate signed by a Medical Practitioner (see overleaf) attached documentary proof of the special circumstances which prevented me from writing the examination.

.....
Signature

.....
Date

FOR OFFICE USE ONLY

Application successful

Application unsuccessful

Signature: Date:.....