



Gauteng City College

Supplementary Exam Application Form – 2025

Instructions:

Complete this form and submit it to the Examinations Office within **5 working days** of receiving your final results. Attach proof of payment and any supporting documents.

Student Information

Field	Details
Full Name	
Student Number	
Programme of Study	
Year of Study	
Contact Number	
Email Address	

Exam Details

Field	Details
Module Name	
Module Code	
Lecturer Name	
Original Exam Date	
Reason for Supplementary	<input type="checkbox"/> Failed Module <input type="checkbox"/> Medical Absence <input type="checkbox"/> Other: _____
Supporting Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Confirmation

Field	Details
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Amount Paid	
Date of Payment	
Receipt Number	
Payment Method	<input type="checkbox"/> EFT <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Other: _____

 **Declaration**

I hereby apply for a supplementary examination and confirm that the information provided is accurate. I understand that approval is subject to academic policy and payment verification.

Signature: _____

Date: _____

 **Office Use Only**

Field	Details
Received By	
Date Received	
Approved By	
Date Approved	
Exam Date Assigned	
Notes	