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KHODES UNIVERSITY

Where leaders learn

STUDENT NUMBER: 15L2589

DIEVBII IEK IMEODIVVEIO MWE: Mr. El Loveland

DISABILITY INFORMATION

I. Please describe your disability in detail.

I suffered a traumatic hear in mid 2016.

I also had a pelvic fracture. I have format a caleura

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The meet all of the needs but it will assist us in terms of planning).

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Please attach any Medical Certificates or other documentation that you may have in this regard.

3. Do you agree to your name being added to an internal database after registration? This will facilitate the Dean of Students sending you emails about bursaries etc. Your information will never be provided to a third party.

Thank you for furnishing us with this information!