

**UNIVERSITY OF KWAZULU-NATAL  
APPLICATION FOR SPECIAL EXAMINATION (2023)**

**Deadline for submission of the form to SCHOOL OFFICE: within 5 working days of the exam concerned**  
**Complete one form per module. Do NOT put more than one module on the form.**  
**Forms must be submitted to the School who owns/offers the module (if in doubt, ask the School Administrator).**

**SECTION 1: PARTICULARS OF APPLICANT** (Please BLOCK Print)

<b>SURNAME:</b>		<b>STUDENT NO:</b>				
<b>FIRST NAMES:</b>						
<b>ADDRESS</b>	<b>HOME:</b>					
	<b>DURING TERM:</b>					
<b>TELEPHONE</b>	<b>HOME:</b>	<b>CELL NUMBER:</b>				
<b>REGISTRATION INFORMATION</b>	<b>SCHOOL</b>		<b>DEGREE</b>		<b>YEAR OF STUDY</b>	

**SECTION 2: NOTES**

- (i) **Rules:** Applications for Special Examinations are made in terms of General Academic Rules GR23 and GR25. Applicants should note that except for special permission from the Senate, where examination in a course/module consists of more than one paper, this application applies only to the paper that was not written/completed.
- (ii) **Examinations not attended, GR21(b): (Undergraduate Students).** *No application required.*
- (ii) **Attended examinations, GR23(b):**  
A student (UG or PG) who has not been able to **complete the original final exam by reason of illness or any other reason** deemed sufficient by Senate, may on application be granted permission to sit a special aegrotat exam during the next applicable supplementary exam session. Applications must be preceded by informing the Examinations Officer within 24 hours of the exam of the reason for leaving the exam venue without completing the exam. This form must be submitted to the relevant School Office concerned within 5 working days of the exam concerned. GR23(b): where an application is made on medical grounds, a student must consult a medical practitioner on the **same day of the exam** and submit a Medical Certificate together with the application and motivation. All costs incurred therewith are the responsibility of the applicant, not the University.
- (iii) **Examinations not attended, GR23(c): (Honours, PostGrad Diploma and Coursework Masters Students)**  
An application for a special examination shall be made on this prescribed form, accompanied by any relevant documentation and a motivation, and be submitted to the relevant School Office within 5 working days of the examination concerned.
- (iv) **Limitations on awarding special examinations, GR25(b)**  
A supplementary exam shall not be granted in respect of any special exam awarded in terms of Rule GR21(b) and GR23
- (v) **NOTE:** If an application for a special exam is approved, the exam result, if any, from the original exam shall be regarded as null and void.

SECTION 3: APPLICATION FOR SPECIAL EXAMINATIONS (GR23a) or GR23c))

MODULE NAME (eg. Human Physiology)	MODULE CODE (eg. MPHY2PHY)	EXAM COMPONENT (eg. Paper 1)	DATE (eg. 30/10/92)	TIME	
				START (eg. 14h00)	DURATION (eg. 2 hours)

SECTION 4: MOTIVATION (GR23a) and/or GR23c))

**Note for GR23a) Application:** Please explain the nature of your illness and why this prevented you from completing the examination. **You must attach a Medical Certificate** (Refer Section 2(ii))


SECTION 5: APPLICATION, DECLARATION AND CONSENT

I, the undersigned, hereby make application for Special Examination(s) for the module listed above and declare that the particulars given herein are correct. I am aware of rule GR25 and that no further special exams will be allowed.

I further consent to the University authorities making whatever enquiries they deem to be necessary in respect of this application and furthermore consent to the Medical Practitioner who furnished the attached Medical Certificate disclosing the nature of my illness to the University authorities.

DATE / /	SIGNATURE OF APPLICANT
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SECTION 6: ADDITIONAL INFORMATION BY SCHOOL ADMINISTRATION

Please provide any information concerning previous applications for Special Examination on medical or other grounds


Signature of School Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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DECISION OF ACADEMIC LEADER, Teaching & Learning


NAME		SIGNED		SCHOOL		APPROVED	NOT APPROVED	DATE
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