



Tshwane University  
of Technology  
*We empower people*

<b>DISTANCE EDUCATION UNIT</b>
<b>RE-ADMISSION APPLICATION FORM</b>

TO: THE HEAD OF THE DEPARTMENT: \_\_\_\_\_

THE DEAN OF THE FACULTY: \_\_\_\_\_

STUDENT NUMBER: 

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TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

COURSE DESCRIPTION \_\_\_\_\_ COURSE CODE: \_\_\_\_\_

I participated in an Academic Intervention programme, or supportive or developmental action.  YES  NO

If YES, give detail and attach proof: \_\_\_\_\_  
 \_\_\_\_\_

If NO, provide reasons: \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE EXTENUATING CIRCUMSTANCE IN DETAIL AND **ATTACH PROOF** (E.G. MEDICAL CERTIFICATES, PROOF OF HOSPITALISATION, AFFIDAVIT, ETC.)  
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 \_\_\_\_\_

(If space is insufficient, please attach another page)

**NOTE: THE CLOSING DATE FOR SUBMISSION OF RE-ADMISSION APPLICATIONS FOR 2022 IS 30 SEPTEMBER 2021.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

