

## **DISTANCE EDUCATION UNIT**

## **RE-ADMISSION APPLICATION FORM**

TO: THE HEAD OF THE	
JEAN OF THE	
STUDENT NUMBER:	
TITLE:	INITIALS: SURNAME:
POSTAL ADDRESS:	
_	POSTAL CODE:
CELL:	E-MAIL ADDRESS:
COURSE DESCRIPTION	COURSE CODE:
I participated in an Acad	demic Intervention programme, or supportive or developmental action. YES NO
If <b>YES</b> , give detail and at	ttach proof:
If <b>NO</b> , provide reasons:	
	G CIRCUMSTANCE IN DETAIL AND <b>ATTACH PROOF</b> (E.G. MEDICAL CERTIFICATES, PROOF
OF HOSPITALISATION, A	.FFIDAVIT, ETC.)
If space is insufficient, please a	attach another page)
	DATE FOR SUBMISSION OF RE-ADMISSION APPLICATIONS FOR 2022
<u>IS 30 SEPTEMBER 20</u>	<u>// 1.</u>
SIGNATURE: ————	DATE:

EU: ate received and official stamp					
cademic Record attached and assessed	•••••	••••••	•••••	••••••••••	••••••
dministrator	••				
					_
RECOMMEN	DATION BY D	DEPARTIV	IENT		
TUDENT'S PROGRESS THE PREVIOUS YEAR:	SATISFACTORY			YES	NO
	NON-SATISFACTORY			YES	NO
IT IS RECOMMENDED THAT THE STUDENT SHOULD BE READMITTED: YES NO					
HEAD OF DEPARTMENT SIGNATURE:			DATE:		