

NAME	STUDENT NUMBER	DATE
Please Print		
CAMPUS (TICK)	PROGRAMME (TICK)	PHONE/CELL NO
<input type="checkbox"/> BOLAND OVERBERG <input type="checkbox"/> METRO <input type="checkbox"/> SOUTHERN CAPE KAROO	<input type="checkbox"/> R169 <input type="checkbox"/> R171 <input type="checkbox"/> R1497 <input type="checkbox"/> R635	

1. I hereby request - please tick ✓ the appropriate :

A **deferment** of an assessment

Primary paper/clinical bedside

T1 T2 T3 T4

A **re-mark/recount** of theory assessment script

Primary paper

T1 T2 T3 T4

Reassessment/Deferred

T1 T2 T3 T4

A **recount** of clinical assessment mark sheet

Primary assessment

T1 T2 T3 T4

Reassessment/Deferred

T1 T2 T3 T4

2. **Name of subject**

3. **Date of assessment**

4. **Date of deferred assessment**

5. **Reason for request**

Please write a brief motivation to the HOD stating why you are requesting a deferred assessment:



