**ACA44b – Supplementary Information
for Application for the Deferred Examination**

**Guidelines to this form:**

1. This form is for completion if a student requires supplementary information to apply for the Deferred Examination (DE).
2. Sections A is to be completed by the student or an administrator.
3. Section B is to be completed by the student.
4. Section C is to be completed by the duly authorised persons from the Student Wellness Service.

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| SECTION A: STUDENT APPLICANT DETAILS Note: to be completed by the student |
| A.1 Student Name  |  |
| A.2. Student Number |  |
| A.3 Faculty  |  |
| A.4 Degree  |   |
| A.5 Request for Deferred Exam  | Exam Course Codes  |
| A.6 Student’s contact numbers |  |
| A.7 Student’s UCT email  |  |
| A.8 Living on campus  | Yes  | No |

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| SECTION B: DECLARATION AND INFORMED CONSENT GIVEN BY THE STUDENT APPLICANTNote: to be completed by the student |
| B.1 Student Declaration  | I declare that the information provided in Section A above is true and correct. |
| B.1.1 I acknowledge that:  | The role of the Student Wellness Service (SWS) is to provide clinic-based therapeutic services and the SWS staff do not have any influence in the decisions of the Deferred Examination Committee. |
| B.1.2 Student’s informed Consent (name and surname)  | I, hereby voluntarily request and grant permission to my healthcare practitioner at SWS, or to the duly authorised SWS representative to provide my diagnosis on this form, for the purpose of this application.  |
| B.1.3. Student Applicant  | Signature  | Date  |

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| SECTION C: SUPPLEMENTARY INFORMATION PROVIDED BY SWSNote: To be completed by duly authorised persons from the Student Wellness Service  |
| C.1.1 Dates booked off | **From** |  | **To** |  |
| C.1.2 Clinical Information/ Diagnosis  |  |
| C.2 Director, SWS (or duly authorised clinician)  | Name  | Signature  | Date  |