UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA · UNIVERSITEIT VAN KAAPSTAD

FACULTY OF
HEALTH SCIENCES

FHS033 - APPLICATION FOR A CONCESSION TO MISS CLASSES / ACADEMIC ACTIVITIES: FACULTY OF HEALTH SCIENCES - POSTGRADUATE STUDENTS

Note:
- This form is intended for an application of no longer than 10 consecutive academic days.
- Section A.1 must be completed by the student who must upload the signed form together with the documentary evidence as a Service Request on PeopleSoft Student Self Service, as soon as possible.
- Section A.2 must be completed by the student (applicant). It is a checklist covering the principles governing this process for postgraduate students, which must be noted and applied
- Section B must be completed by the impacted Course Convener/s by downloading the form from the Service Request and uploading again once completed and then reassigning the Service Request to the relevant Supervisor and Programme Convener.
- Section C must be completed by the Supervisor, Programme Convener and the Head of Department/Division by downloading the form from the Service Request and uploading again once completed and then reassing the Service Request to the Student Development & Support Office (SDSO). **For help, see: FHS033hlp**

SECTION A.1: TO BE COMPLETED BY STUDENT (Please print clearly)

PERSONAL AND CONTACT INFORMATION

Student name/s:		Surname	
Student campus ID:			

Student contact details:	Landline/mobile number		Email	
Emergency contact details:	Name		Phone		Email	

Contact address while away from class/academic activities:

DEGREE AND COURSE DETAILS

Degree programme:		Academic year of study (AYOS):	
Programme convener			

List all affected courses:			
Course code 1:		Course title 1:	
Course code 2:		Course title 2	
Course code 3:		Course title 3	

PREVIOUS PERIODS OF ABSENCE IN CURRENT YEAR

State other period/s of absence **taken** in the current academic year (dd/mm/yyyy to dd/mm/yyyy):

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
From (dd/mm/yyyy)		To (dd/mm/yyyy)	

CURRENT APPLICATION FOR ABSENCE

Period of absence **requested** in current application (dd/mm/yyyy to dd/mm/yyyy) (**Note:** It may **not** exceed five academic days):

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
Type of leave of absence requested (select one)	Medical	Compassionate	External Study Opportunity	
	Religious	Bereavement	Work commitments (part-time qualifications only)	

Reason/s for current application for absence (brief description):

IF APPLICABLE, state which DP requirement/s cannot be met? (Quote the course manual or Faculty handbook):

ADDITIONAL SUPPORTING DOCUMENTS AND/OR INFORMATION

Please attach and or include the following information in support of your application:	✓
(a) List below the document/s you are enclosing in support of your application; and	
(b) Attach all documentary evidence (e.g. A medical certificate / a death certificate/notice of death (bi1663 form) if a family member has passed away).	
(c) Please list names and email addresses of course conveners from whom you are requesting a concession	

No.	Course code	Course convener name	Course convener email Address
1.			
2.			
3.			

Date (dd/mm/yyyy):		Signature of student:	

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(Session: Year End 2025)

SECTION A.2: ACKNOWLEDGEMENT CHECKLIST (TO BE COMPLETED BY THE APPLICANT/STUDENT)

Please **initial** in each box below to indicate that you understand and acknowledge the rules and implications.

Implications of missing academic activities	Initial to acknowledge
1. I understand and note that a concession to miss classes/academic activities (usually for a period not exceeding 10 consecutive academic days) may be granted for medical, compassionate or other approved reasons on application to the course convenors.	
2. I acknowledge that there are two categories of concession to miss classes/academic activities: • Cases where missed work can be made up, by arrangement between the convenor and the student; and • Cases where missed work cannot be made up, and when the student will be required to repeat the course.	
3. I understand and note that I am required to complete section A of the application form and submit a full application form for a concession to miss classes/academic activities to the Programme Administrator in the relevant academic Department from which I wish to obtain permission to miss classes/academic activities, with supporting documentary evidence.	
4. I understand and note I must obtain approval of my absence from the course convener, Supervisor and the Head of Department/Division.	
5. In the case of a very short absence, such as a portion of a day, or any other exceptional circumstances of brief duration, a self-explanatory letter by me may be accepted as a supporting document.	
6. **If** I am unable to complete section A of this form, due to ill health/ absence, the Student Support Office will obtain recommendations from the individual Course Conveners and year Convener and submit them to the relevant Programme Convener for final approval. Alternatively, I will complete the application and submit it as explained above upon my return or as soon as I am able to do so.	
7. **Submission Response:** I understand that I should receive a response within 3 working days of submitting my full application (including supporting documentation) and that I should follow up if no response is received within 5 calendar days.	
8. I understand and note that DP requirements specific to each course may apply. In applying for a concession to miss classes / academic activities, I should ensure that this application does not place me at risk of not meeting the attendance requirements. If the DP requirements are at risk, the stipulations and conditions needed to meet the missed DP classes and/or activities must be fulfilled before I am eligible to do the course examination.	
9. **Follow-Up:** I understand and accept that: • Having submitted my application, I have **3 working days** in which to follow up if I do not receive a response, and • I have **3 working days** in which to respond to any queries from the course conveners.	
10. **Review:** I understand that my request for a review of the outcome/decision is to be submitted via email within 3 working days to the respective Programme Convener.	
11. **Missed Exam:** I understand and accept that there is a different application process for missed tests/ assessments/exams.	
12. **MyUCT email account only:** I understand that **all** email communication related to this application must be sent from my **MyUCT email address** and that the conveners will only correspond via this email address.	
13. **I acknowledge that dishonesty in seeking a concession to miss academic activities and/or submitting fraudulent supporting documentation may lead to a disciplinary charge.**	
Signature	**Date**

Note:

For course enquiries please contact: Relevant course convener/s

For concession application enquiries please contact: Ms Nonkosi Malala at (nonkosi.malala@uct.ac.za) or tel: 021 406 6749.

SECTION B: TO BE COMPLETED BY COURSE CONVENER/S (Please print clearly)

Note:
- This section must be **completed by the course convener for each course affected** by the students' missed attendance.
- Course codes, course titles and course convener names are auto populated from entries in Section A1 of the form for courses 1, 2, and 3 on page 1 (course code/title) and page 2 (course convener), correct, if necessary.

B1. COURSE CONVENER 1

Course code 1		Course title 1:	

It is recommended that the concession be:		APPROVED			NOT APPROVED	

Date of approval (dd/mm/yyyy):	

Name of convener (print):		Signature:	

If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

The above conditions have been discussed with the student (Yes/No)	Yes		No		

If **NOT** approved, please provide reason/s for not approving:

B2. COURSE CONVENER 2

Course code 2		Course title 2:	

It is recommended that the concession be:		APPROVED			NOT APPROVED	

Date of approval (dd/mm/yyyy):	

Name of convener (print):		Signature:	

If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

The above conditions have been discussed with the student (Yes/No)	Yes		No		

If **NOT** approved, please provide reason/s for not approving:

B3. COURSE CONVENER 3

Course code 3:		Course title 3:	

It is recommended that the concession be:		APPROVED			NOT APPROVED	

Date of approval (dd/mm/yyyy):	

Name of convener (print):		Signature:	

If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

The above conditions have been discussed with the student (Yes/No)	Yes		No		

If NOT approved, please provide reason/s for not approving:

Note: After completing and signing the form the last course convener (or relevant Administrator) must assign the Service Request to the relevant Supervisor and Programme Convener.

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SECTION C: TO BE COMPLETED BY SUPERVISOR, PROGRAMME CONVENER and HOD (Please print clearly)

Note: **I**f necessary, the Supervisor/ Programme Convener should revert to the Course Convener/s to discuss

C1. SUPERVISOR RECOMMENDATION
(based on sections completed by Course convener/s above)

It is recommended that the concession be:		APPROVED			NOT APPROVED	
Supervisor	Name (print):		Signature:		Date (dd/mm/yyyy):	

If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

The above conditions have been discussed with the student (Yes/No)	Yes		No	

If **NOT** approved, please provide reason/s for not approving:

Note: After completing and signing the form the Supervisor (or relevant Administrator) must reassign the Service Request to assign the Service Request to the relevant Programme Convener.

C2. PROGRAMME CONVENER RECOMMENDATION
(based on sections completed by Course convener/s and Supervisor above)

It is recommended that the concession be:		APPROVED			NOT APPROVED	
Programme Convener:	*Name (print):		Signature:		Date (dd/mm/yyyy):	

***Note:** Programme Convener **name** is autopopulated from the entry in Section A1, correct, if necessary.

If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

If **NOT** approved, please provide reason/s for not approving:

Note: After completing and signing the form the Programme Convener (or relevant Administrator) must reassign the

Service Request to Head of Division or Head of Department for final signature.

C3. FINAL DECISION

The concession is:			APPROVED			NOT APPROVED	
Head of Division / Head of Department	Name (print):			Signature:		Date (dd/mm/yyyy):	

If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

If **NOT** approved, please provide reason/s for not approving:

Note:
- The relevant Administrator should assign the completed Service Request to Nonkosi Malala (nonkosi.malala@uct.ac.za) in the Student Development and Support Office.
- See FHS033hlp for principles applicable to this process.