



## FHS033 - APPLICATION FOR A CONCESSION TO MISS CLASSES / ACADEMIC ACTIVITIES: FACULTY OF HEALTH SCIENCES - POSTGRADUATE STUDENTS (MANUAL PROCESS)

**Note:**

- This form is intended for an application of no longer than 10 consecutive academic days.
- [Section A](#) must be completed by the student who must submit the signed form together with the documentary evidence to the Course Convener/s as soon as possible.
- [Section B](#) must be completed by the impacted Course Convener/s. The Course Convener (or Course Administrator) should send the completed, signed form and documentary evidence to the relevant Supervisor and Programme Convener.
- [Section C](#) must be completed by the Supervisor, Programme Convener and the Head of Department/Division.
- [Section D](#) 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. For help, see: [FHS033help](https://www.uca.ac.za/fhs033help)

### SECTION A: 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:      |  | Academic year of study (AYOS): |  |
| Course code: |  | Course title:                  |  |

#### 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):

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

Reason/s for current application:

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

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**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

**Course Convener**

**Email Address**

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Date (dd/mm/yyyy):

Signature of student:



**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.

**B1. COURSE CONVENER 1**

|                    |  |                      |  |
|--------------------|--|----------------------|--|
| <b>Course code</b> |  | <b>Course title:</b> |  |
|--------------------|--|----------------------|--|

|   |  |          |  |  |              |  |
|---|--|----------|--|--|--------------|--|
| 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):

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

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

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**B2. COURSE CONVENER 2**

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| <b>Course code</b> |  | <b>Course title:</b> |  |
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| It is recommended that the concession be: |  | APPROVED |  |  | NOT APPROVED |  |
|---|--|----------|--|--|--------------|--|

|                                |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|
| Date of approval (dd/mm/yyyy): |  |  |  |  |  |  |
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|---------------------------|--|--|--|------------|--|--|
| Name of convener (print): |  |  |  | Signature: |  |  |
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If approved, LIST CONDITIONS (e.g. how time or missed work must be made up):

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| The above conditions have been discussed with the student (Yes/No) | Yes |  | No |  |  |  |
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If **NOT** approved, please provide reason/s for not approving:

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**B3. COURSE CONVENER 3**

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| <b>Course code</b>   |  | <b>Course title:</b> |              |
| 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 <b>NOT</b> approved, please provide reason/s for not approving:           |  |                      |              |
|  |  |                      |              |
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**Note:** The course convener (or course administrator) should send the completed, signed form and any documentary evidence to the relevant Supervisor and Programme Convener.



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

**Note:** If 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: | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | <input type="checkbox"/> | NOT APPROVED | <input type="checkbox"/> |
|---|--------------------------|----------|--------------------------|--------------------------|--------------|--------------------------|

|                   |               |  |            |  |                    |  |
|-------------------|---------------|--|------------|--|--------------------|--|
| <b>Supervisor</b> | Name (print): |  | Signature: |  | Date (dd/mm/yyyy): |  |
|-------------------|---------------|--|------------|--|--------------------|--|

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

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|--|-----|--------------------------|----|--------------------------|
| The above conditions have been discussed with the student (Yes/No) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

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

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**Note:** Supervisor (or relevant Administrator) to send completed, signed form and documentary evidence for final signature to Head of Division or Head of Department.

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

|   |                          |          |                          |                          |              |                          |
|---|--------------------------|----------|--------------------------|--------------------------|--------------|--------------------------|
| It is recommended that the concession be: | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | <input type="checkbox"/> | NOT APPROVED | <input type="checkbox"/> |
|---|--------------------------|----------|--------------------------|--------------------------|--------------|--------------------------|

|                            |               |  |            |  |                    |  |
|----------------------------|---------------|--|------------|--|--------------------|--|
| <b>Programme Convener:</b> | Name (print): |  | Signature: |  | Date (dd/mm/yyyy): |  |
|----------------------------|---------------|--|------------|--|--------------------|--|

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

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

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**Note:** Programme Convener (or relevant Administrator) to send completed, signed form and documentary evidence for final signature to Head of Department.



**C3. FINAL DECISION**

|  |               |            |                    |              |  |
|--|---------------|------------|--------------------|--------------|--|
| The concession is:   |               | APPROVED   |                    | NOT APPROVED |  |
| <b>Head of Division / Head of Department</b>                                 | Name (print): | Signature: | Date (dd/mm/yyyy): |              |  |
| If approved, LIST CONDITIONS (e.g. how time or missed work must be made up): |               |            |                    |              |  |
|  |               |            |                    |              |  |
|  |               |            |                    |              |  |
|  |               |            |                    |              |  |
| If <b>NOT</b> approved, please provide reason/s for not approving:           |               |            |                    |              |  |
|  |               |            |                    |              |  |
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**Note:**

- The relevant Administrator should send the completed, signed form and any documentary evidence to the student and Nonkosi Malala ([nonkosi.malala@uct.ac.za](mailto:nonkosi.malala@uct.ac.za)) in the Student Development and Support Office.
- See [page 7](#) for principles applicable to this process.



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FACULTY OF HEALTH SCIENCES - POSTGRADUATE STUDENTS**

(Session: Year End 2026)

| SECTION D: ACKNOWLEDGEMENT CHECKLIST (TO BE COMPLETED BY THE APPLICANT/STUDENT)  |  |             |                        |
|--|--|-------------|------------------------|
| Please <b>initial</b> 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: <ul style="list-style-type: none"> <li>Cases where missed work can be made up, by arrangement between the convenor and the student; and</li> <li>Cases where missed work cannot be made up, and when the student will be required to repeat the course.</li> </ul>   |  |             |                        |
| 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. <b>If</b> 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 Convenors 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. <b>Submission Response:</b> 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. <b>Follow-Up:</b> I understand and accept that: <ul style="list-style-type: none"> <li>Having submitted my application, I have <b>3 working days</b> in which to follow up if I do not receive a response, and</li> <li>I have <b>3 working days</b> in which to respond to any queries from the course convenors.</li> </ul>   |  |             |                        |
| 10. <b>Review:</b> 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. <b>Missed Exam:</b> I understand and accept that there is a different application process for missed tests/ assessments/exams.   |  |             |                        |
| 12. <b>MyUCT email account only:</b> I understand that <b>all</b> email communication related to this application must be sent from my <b>MyUCT email address</b> and that the convenors will only correspond via this email address.  |  |             |                        |
| 13. <b>I acknowledge that dishonesty in seeking a concession to miss academic activities and/or submitting fraudulent supporting documentation may lead to a disciplinary charge.</b>  |  |             |                        |
| <b>Signature</b>   |  | <b>Date</b> |                        |

**Note:**

The relevant Programme Administrator should send the completed, signed form and any documentary evidence to the student and Nonkosi Malala ([nonkosi.malala@uct.ac.za](mailto:nonkosi.malala@uct.ac.za)) in the Student Development & Support Office (SDSO). The SDSO Administrator will inform the student of the outcome in an email.

**For enquiries please contact:** Ms Nonkosi Malala at ([nonkosi.malala@uct.ac.za](mailto:nonkosi.malala@uct.ac.za)) or tel: 021 406 6749 .