FHS034 - APPLICATION FOR A CONCESSION TO MISS CLASSES/ACADEMIC ACTIVITIES (FACULTY OF HEALTH SCIENCES - UNDERGRADUATE STUDENTS)

Note:
- This form is intended for an application not longer than 10 consecutive academic days based on course rules.
- Section A.1 must be completed by the student who must 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 undergraduate 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 Programme Convener.
- Section C must be completed by the Year Convener and Programme Convener 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: FHS034hlp

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:		Academic level	
Course code:		Course title:	

Previous periods of absence in the 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:

IF APPLICABLE, state which DP requirement/s cannot be met. (Quote the course manual or Faculty handbook):
(https://uct.ac.za/students/study-uct-handbooks/handbooks)

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ADDITIONAL SUPPORTING DOCUMENTS AND/OR INFORMATION

Please attach and or include the following information in support of your application:	✓
(a) <u>List</u> below the document/s you are enclosing in support of your application; and	
b) <u>Attach</u> 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

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

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FACULTY OF HEALTH SCIENCES

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(Session: Year End 2024)

SECTION A.2: ACKNOWLEDGEMENT CHECKLIST (TO BE COMPLETED BY 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 (with supporting documentary evidence) 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. This must be done immediately, but not later than 7 days after the problem has manifested.	
4. I understand and note I must obtain approval for my absence from the Course Convener, Year Convener and Programme Convener.	
5. In the case of a very short absence, such as a portion of a day, or any other exceptional circumstance 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 these 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 can 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 working 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 student

B1. COURSE CONVENER 1

Course code			Course title:	
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 understood and acknowledged by the student	Yes		No		

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

B2. COURSE CONVENER 2

Course code			Course title:	
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		Course title:			
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:

B4. COURSE CONVENER 4

Course code		Course title:			
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:

B5. COURSE CONVENER 5

Course code		Course title:		
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:

B6. COURSE CONVENER 6

Course code		Course title:		
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 Year Convener.

SECTION C: TO BE COMPLETED BY YEAR CONVENER (Please print clearly)

Note: If necessary, the Year Convener should revert to the Course Convener/s to discuss

C1. Year Convener Recommendation (based on sections completed by Course Convener/s above**)**

It is recommended that the concession be:		APPROVED		NOT APPROVED	
Year Convener	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: After completing and signing the form the Year Convener (or relevant Administrator) must reassign the Service Request to the relevant Programme Convener for final signature.

C2. FINAL DECISION
Programme Convener (based on sections completed by Course and Year Convener/s above)

It is recommended that the concession be:		APPROVED		NOT APPROVED	
Programme Convener:	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 Programme Administrator should assign the completed Service Request to Nonkosi Malala (nonkosi.malala@uct.ac.za) in the Student Development & Support Office (SDSO).
- See FHS034hlp for principles applicable to this process.