



## FACULTY OF HEALTH SCIENCES

Application: Readmission to the Faculty (F7 result code)

Last date for submission: 15<sup>th</sup> August 2019, 16:00

Student number	
Surname	
Full name	
Qualification	
Year of study (academic)	
First date of registration for this degree	
E-mail address	
Contact number	
Study address	

Give reasons for your poor academic performance:

Why will your academic performance improve?

The following documents must be included:			
Academic record		Documents to substantiate reasons, e.g. medical certificate	

Student signature		Date	
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**For office use only:**

Approved for the following reasons:		Not approved for the following reasons:	

<b>Recommendation from relevant HOD</b>	<b>Recommended</b>		<b>Not recommended</b>	
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<b>Resolution from F7 Committee</b>	<b>Approved</b>		<b>Not approved</b>	
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<b>Reasons for decision:</b>          				
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<b>Dean</b>		<b>Date</b>	
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