



RHODES UNIVERSITY  
Grahamstown • 6140 • South Africa

### APPLICATION TO TAKE AN AEGROTAT EXAMINATION

**To be completed by any student applying to take an Aegrotat Examination or to be excused from a June test on account of illness/injury or for any OTHER REASON acceptable to Senate (See General Regulations Rule G.39.2).**

**OTHER REASON** above would include the serious illness or death of a near relative at the actual time of the examination. In such a case, evidence of the circumstances should be attached in support of the application. Applications must be made **no later than ONE WEEK** from the date of the Examination/Test missed. **NB** Regardless of the nature of the illness or other cause, Senate may decline to grant an aegrotat examination.

Faculty ..... Degree ..... Student Number ..... Surname ..... First Name(s) ..... Home Address ..... *E-mail address ..... Cell or other contact Tel no: .....	Course(s) missed – indicate paper number if any, and scheduled date(s) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Paper</th> <th style="width: 50%;">Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>3</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>4</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>5</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>		Paper	Date	1	.....	.....	2	.....	.....	3	.....	.....	4	.....	.....	5	.....	.....
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Reason for missing Examination(s) ..... ..... Name and address of Medical Practitioner consulted. ..... ..... .....	Specify papers attempted in these courses, if any. ..... ..... ..... ..... ..... .....	<b>Department / Dean's use only</b> Notes, requests etc (HoD's / Dean) ..... ..... ..... ..... ..... .....
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I consent to the disclosure of any medical diagnosis in respect of the grounds on which the application is made. Signature of Student or Guardian ..... Date .....	<b>Dean only</b> Approved? YES ..... NO .....	<b>Dean's signature</b> ..... .....	<b>Date</b> ..... .....
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\* Please note that the Registrar's Division has adopted e-mail as their primary method of communication with students. We will use @campus.ru.ac.za e-mail addresses for this purpose, and students using other addresses (yahoo, etc) are advised to ensure that their campus e-mail address forward to the other address. (Hard copies of such correspondence can be supplied on request to our office).