

Students requesting extra time or other concessions in examinations because of a temporary disability, permanent disability or because of some other disability impacting their learning, must complete this form and return it **with a medical certificate or supporting documentation** to the Student Bureau.

The deadline for applications is at least 1 month before the start of examinations (usually end of April for June examinations; and end of September for November examinations). Only applications for concessions in respect of unexpected and exceptional circumstances (e.g. broken finger of the student's writing hand) will be considered after this date, although it is usually recommended that such students apply for aegrotats. The committee also meets in the 1st term to review applications with regard to test and assignments.

Please note: Application for concessions must be made prior to each examination. In chronic cases it is only necessary to provide the supporting documentation once, but the Registrar must be informed before EVERY examination of concessions previously granted.

Biographical information of student					
Surname:	First Names:				
Student Number:	Telephone Number:				
Email address:	Address:				
Degree or Diploma:	Year:				

Reason for Application (provide a description and indicate if physical or other disability)							
Tick one:	Physical disability	Other disability					
Short description of disability and history of disability:							
List all supp	orting documentation included						
Have you ap	oplied for concessions at RU before	?	YES	NO			

Rhodes University: Student Application for Examination Concessions

If yes, when and outcome:						
•						
	Concess	ion applied	for			
Extra time		5 min/hr			15 min/hr	
The use of a computer (supp	orted by		L	· · · · · · · · · · · · · · · · · · ·	•	
medical or other documenta	•					
Other (at the discretion of th	e committee)	Describe	Describe:			
Concessi	ons are requi	red for the	followin	g courses		
		M DATE	AM/PN		VENUE	
					10 1 110 111	
By applying for this concess					-	
be disclosed to the Regi			trative	personnel,	tne committee,	
invigilator and the relevant	Heads of Depa	rtments.				
Signature				Date		
	<u>For</u>	Office Use				
Recommendation of Commi	ttee:					
						
						
Checklist for administration	Date done	Initial (and	d Comme	ent)		
1 Noted on Student Record	d					
2 Student Informed						
3 HOD(s) Informed		Indicate D	epartme	ent(s):		
				•		
4 Chair of Examinations						
Committee Informed				[Respons	sibility of Committee	