



Tshwane University
of Technology
We empower people

DISTANCE EDUCATION UNIT
RE-ADMISSION APPLICATION FORM

TO: THE HEAD OF THE DEPARTMENT: _____

THE DEAN OF THE FACULTY: _____

STUDENT NUMBER:

--	--	--	--	--	--	--	--	--	--

TITLE: _____ INITIALS: _____ SURNAME: _____

POSTAL ADDRESS: _____
 _____ POSTAL CODE: _____

CELL: _____ E-MAIL ADDRESS: _____

COURSE DESCRIPTION _____ COURSE CODE: _____

I participated in an Academic Intervention programme, or supportive or developmental action. YES NO

If YES, give detail and attach proof: _____

If NO, provide reasons: _____

DESCRIBE EXTENUATING CIRCUMSTANCE IN DETAIL AND **ATTACH PROOF** (E.G. MEDICAL CERTIFICATES, PROOF OF HOSPITALISATION, AFFIDAVIT, ETC.)

(If space is insufficient, please attach another page)

NOTE: THE CLOSING DATE FOR SUBMISSION OF RE-ADMISSION APPLICATIONS FOR 2022 IS 30 SEPTEMBER 2021.

SIGNATURE: _____ DATE: _____

