

# NELSON MANDELA

UNIVERSITY

## APPLICATION FOR EXAMINATION CONCESSION

(For Students Affected by Campus Fires)

SURNAME & INITIALS: .....

STUDENT NO: .....

CONTACT NUMBERS: ..... (HOME)

..... (CELL)

..... (WORK)

MOTIVATION: .....  
(for application)

.....

.....

.....

.....

MODULE CODE	MODULE DESCRIPTION	EXAM MONTH	EXAM DATE	CLASS MARK

STUDENT SIGNATURE: ..... DATE: .....

### FOR OFFICE USE ONLY

RECOMMENDATION OF CAMPUS PRINCIPAL

APPROVED

YES	NO
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Signature : ..... DATE: .....