FOR OFFICIAL USE ONLY
Date received by the College:
CEACOM decision:
AEACOM decision:
Student informed of decision on:



Return Date			

## APPEAL AGAINST ACADEMIC EXCLUSION

The appeal form must be returned or faxed to the college office on the campus where you are registered for attention of the Manager: College Academic Services, by not later than the date indicated above.

Name of current College:	Campu	as
	Campu	•
Fax number per campus  COLLEGE	CAMPUS	FAX NO.
LAW AND MANAGEMENT STUDIES	HOWARD	031 260 2522
LAW AND INANAGENENT STUDIES	PIETERMARITZBURG	033 260 5909
	WESTVILLE	031 260 1312
AGRICULTURE, ENGINEERING & SCIENCE	HOWARD	031 260 1233
	PIETERMARITZBURG	086 518 8421
HEALTH SCIENCES	WESTVILLE	031 260 7780
	HOWARD	031 260 7727
	MEDICAL	031 260 4592
LILINAANITIC	WESTVILLE	031 260 7872
HUMANITIES	EDGEWOOD HOWARD	031 260 1109 031 260 1507
	PIETERMARITZBURG	031 260 1307
L	FILTERWARITZBORG	033 200 0228
I apply for: (mark the applicable box below	with X)	
□ readmission to the College in which	I am currently registered, or	
readmission to another College (named below), <b>or</b>		
☐ readmission to another College (na	med below), if my appeal for re	eadmission to my current College is unsucces
TITLE (Mr/Mrs/Ms): SURNAME:	FIRST NAM	IES :
"UDENT NUMBER:		
CONTACT POSTAL ADDRESS:		
POSTAL CODE:	E-MAIL ADDRESS:	
CONTACT TELEPHONE NUMBERS: CODE:NUI	MBER: C	ELLPHONE:
INTENDED MAJORS/SPECIALISATION:		
(if appeal for readmission to current college is successfu	(lı.	
NEW COLLEGE TO WHICH ADMISSION IS SOUGHT:(if appeal for admission to another College is successful	1)	
INTENDED MAJORS/SPECIALISATION: (if appeal for admission to another College is successfu	ıl	
Have you consulted Student Counselling du	ring the period relevant to this	appeal yes no no
If yes to the question above, how many time	es did you consult student cour	nselling?
When was the first time :	and the last time:	(month and ye
Do you agree that relevant information from confidential basis?	n Student Counselling can be su	upplied to CEACOM and AEACOM on a strictly yes \( \text{\backless} \) no \( \text{\backless}

## **REASONS FOR APPEAL** (Personal and other circumstances that contributed to poor academic performance. Please note that the information will greatly assist in making a decision on your appeal and will be kept strictly confidential. However, you are not required to make it available if you do not wish to do so). You can continue on separate pages (if necessary). Please remember to attach signed supporting documentation. I understand that my appeal will be considered in the first instance by the College Exclusion Appeals Committee (CEACOM) of the college in which I am currently registered. If it is not successful, it will be referred to the university-wide Academic Exclusion Appeals Committee (AEACOM). I further understand that I am allowed one appeal and the decision of AEACOM is final and no further appeals will be allowed.

I hereby certify that the above information is complete and accurate to the best of my knowledge.

Date

Student's Signature