

Policy on Academic Exclusion Appendix C: Appeal form



Tshwane University of Technology  
We empower people

**APPEAL AGAINST  
ACADEMIC EXCLUSION**

TO: THE HEAD OF THE DEPARTMENT: \_\_\_\_\_  
THE DEAN OF THE FACULTY: \_\_\_\_\_

I was informed by TUT that I am excluded for a period of two (2) years according to Rules 3.1.1.1 (a) and (b) as published in Part 1 of the university Prospectus. I wish to appeal against my academic exclusion based on the extenuating circumstances/reasons (refer to Rule 3.1.1.1 (c)) that impacted negatively on my academic performance during my studies at TUT.

STUDENT NUMBER: 

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TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL. (OFFICE HOURS): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

N DIP	B TECH
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 COURSE CODE: \_\_\_\_\_

I participated in an Academic Intervention programme, or supportive or developmental action. 

YES	NO
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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 A SEPARATE PAGE.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, THE UNDERSIGNED HEREBY DECLARE THAT THE ABOVE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT.

SIGNATURE:

DATE:

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**FOR OFFICE USE ONLY**

NUMBER OF ENROLMENTS		CREDITS REQUIRED TO AVOID EXCLUSION	CREDITS OBTAINED	TOTAL SUBJECTS TAKEN	TOTAL SUBJECTS PASSED
YEAR	SEMESTER				
1	2				
2	4				
3	6				
4	8				
5	10				
6	12				

**DECISION BY THE DAEAC:**

STUDENT'S PROGRESS THE PREVIOUS YEAR:	SATISFACTORY	YES	NO
	NON-SATISFACTORY	YES	NO

IT IS RECOMMENDED THAT THE STUDENT SHOULD BE READMITTED:	YES	NO
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PROVIDE A MOTIVATION FOR THE RECOMMENDATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HEAD OF DEPARTMENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DECISION TAKEN BY THE ACADEMIC EXCLUSION APPEALS COMMITTEE**

UNCONDITIONAL READMISSION ALLOWED	YES	NO
CONDITIONAL READMISSION ALLOWED	YES	NO

CONDITIONS: \_\_\_\_\_  
 \_\_\_\_\_

APPEAL REJECTED OR UNSUCCESSFUL	YES	NO
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COMMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF EXECUTIVE DEAN: \_\_\_\_\_ DATE: \_\_\_\_\_