**FOR OFFICIAL USE ONLY**

Date received by the College:_____

CEACOM decision:_____

AEACOM decision:_____

Student informed of decision on:_____

**Return Date**

24 July 2012

UNIVERSITY OF KWAZULU-NATAL

## APPEAL AGAINST ACADEMIC EXCLUSION

The appeal form must be returned 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:** _____

**Campus:** **Mark the applicable box with X**

| | | |
|---|---|---|
| ☐ Howard College<br>Durban, 4041 | ☐ Pietermaritzburg<br>Private Bag X01<br>Scottsville, 3209 | ☐ Westville<br>Private Bag X54001<br>Durban, 4000 |
| **FAX : 0312602522** | **0332605909** | **0312601312** |

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), **or**

☐ readmission to another College (named below), if my appeal for readmission to my current College is unsuccessful.

TITLE (Mr/Mrs/Ms): _____ SURNAME:_____FIRST NAMES:_____

STUDENT NUMBER:_____DEGREE:_____YEAR OF STUDY_____

CONTACT POSTAL ADDRESS:_____ _____

POSTAL CODE: _____ e-mail address: _____

CONTACT TELEPHONE NUMBERS: CODE: _____ NUMBER:__ _____ CELLPHONE: _____

INTENDED MAJORS/SPECIALISATION:_____ _____
(if appeal for readmission to current college is successful)

NEW COLLEGE TO WHICH ADMISSION IS SOUGHT : _____ _____
(if appeal for admission to **another** College is successful )

INTENDED MAJORS/SPECIALISATION:_____
(if appeal for admission to **another** College is successful

Have you consulted Student Counselling during the period relevant to this appeal yes ☐ no ☐

If yes to the question above, how many times did you consult student counselling? _____

When was the first time:_____ and the last time: _____ (month and year)

Do you agree that relevant information from Student Counselling can be supplied to CEACOM and AEACOM on a strictly confidential basis? yes ☐ no ☐

(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).

**REASONS FOR APPEAL (**personal and other circumstances that contributed to poor academic performance).

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**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.

_____ _____

Student's Signature Date