



**COLLATORAL DOCUMENT: APPLICATION FOR RE-ADMISSION AT STELLENBOSCH UNIVERSITY
HEALTH CARE PRACTITIONER'S REPORT - STRICTLY CONFIDENTIAL**

Date completed	
Student	
Student SU number	
Degree applying for in 2023	

Name and surname of practitioner	
Registration category	
Registration number	
Practice number	
Contact number	

The information completed below will be considered as collateral information, together with the reason(s) the student provided for his/her academic under achievement this year. Furthermore, it will be considered, together with other academic and non-academic factors, to determine whether the student is ready to return, with a significant chance of success, to full time studies at Stellenbosch University.

All information provided will be considered as highly confidential.

Date of student's first appointment at your practice	
Presenting problem(s)	

Differential diagnosis (if applicable)

Dates of follow up appointments (if applicable)

Nature of intervention provided

Outcome of intervention provided

Intervention and/or follow up plan for 2023

Referrals made

Any other information/comments

Recommendation(s)

In light of the information provided, and in my professional opinion, I recommended that

- The student is ready to return to full time studies at SU
- The student is ready to return to full time studies at SU, should he/she receive the following support:

- The student is not ready to return to full time studies at SU and should consider the following:

- I am not able to make a recommendation regarding the student's readiness to return to full time studies at SU, reason(s) being

Any additional recommendations/comments:

Consent was given to me by _____ to share this information with the Readmission Appeals Committee of Stellenbosch University (RAC). Should further information regarding this information be required by the RAC, I can be contacted, as discussed with the above mentioned individual. By signing this document, I declare that the above information is accurate and that the recommendation(s) made is in the best interest of the mentioned student.

Signed by Health Care Practitioner - Please add a stamp and/or attach a letter head of your practice for verification.