STELLENBOSCH UNIVERSITY

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**DIVISION OF THE REGISTRAR**

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| **FORM 2:**  **STUDENT: PERSONAL APPLICATION FOR TEST AND EXAMINATION CONCESSIONS** |

**DEAR STUDENT**

*Stellenbosch University (SU) is committed to the inclusive handling of all students regardless of any special learning needs and/or disabilities.*

Complete this form in full and attach copies of medical and/or psychological proof of your disability or condition, as well as the relevant certificates or statements from schools or education departments (or any other proofs).

It is your responsibility to ensure that the Division of the Registrar receives the required documentation. For administrative purposes it is important that **all documentation is sent in/submitted at the same time (form 1, form 2 and form 3):**

* **Documentation should preferably be scanned in electronically and sent to** [**skryftyd@sun.ac.za**](mailto:skryftyd@sun.ac.za)**.**
* **If it is not possible to send electronic versions, printed copies may be handed in at the Examinations Office (room 1050) in Clinical Building Tygerberg Campus.**

Name and surname ………………………………………...... Student number ……..…………...

Contact numbers........................................................... Degree.........................................

Year of study............... Age............ Date of birth………………...

Residence/Private (tick off)

**NB – INDICATE: First application to SU for concession: YES/NO**

**or**

**Follow-up application to SU for concession: YES/NO**

1. Specify the disability or condition with which you have been diagnosed (e.g. hearing disability, medical conditions, reading/writing disorder and psychological conditions).

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1. Describe the support that you received at school or at another educational institution (e.g. whether Braille equipment was provided, or whether larger letter sizes were used for tests and examinations).

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1. What sort of support and special accommodation will you require at university?

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1. With reference to the support that you specified under point 3: **Firstly**, what support can you provide yourself, and **secondly**, what is the minimum support that you expect from the University? Write this information in the respective columns according to your specific needs.

**4.1 In the lecture halls / venues for practicals**

**What you will provide yourself** **What you require from the University**

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**4.2 During tests and examinations**

**What you will provide yourself** **What you require from the University**

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**4.3 In the residence (answer only if you will be living in a residence**)

**What you will provide yourself** **What you require from the University**

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**4.4 Physical infrastructure/buildings (e.g. pathways, lifts)**

**What you will provide yourself** **What you require from the University**

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**4.5 Study and/or reading material in a specific format (e.g. Braille, enlarged text)**

**What you will provide yourself** **What you require from the University**

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5. Provide any other information that is related to the support that you will need at the University.

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NB: This form is confidential. We require your permission to communicate essential information to your Faculty so that you can receive effective support. Do you give your permission? Indicate: Yes / No with a √

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.The following has to be signed by Ms M de Vries (Head: Examinations).**

Name of department:

I hereby acknowledge that I have spoken with the student about his/her needs:

Name of academic member/representative:

Capacity:

E-mail address:

Telephone number:

Please note that the Examinations Section only arranges extra writing time, scribes and venues for **examinations**. The academic department has to make provision for when **tests** are written, including **tests that are written during the examinations.** You may liaise with **Ms M de Vries** on **021 938 9309** or by e-mail at [**mdevries@sun.ac.za**](mailto:mdevries@sun.ac.za) if you require the names of scribes. The academic department has to bear the costs for the scribe. Read the guidelines for students with disabilities and other learning needs on the staff portal (A-Z, under Disability) or at [www.sun.ac.za/cscd](http://www.sun.ac.za/cscd).

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you very much for your time!***

**Division of the Registrar**

**LIST OF FACULTY CONTACT PERSONS FOR STUDENTS WITH SPECIAL LEARNING NEEDS AND DISABILITIES**

**(EXCEPT FACULTY OF SCIENCE)**

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| --- | --- | --- | --- |
| **Faculty** | **Contact person** | **Telephone number** | **E-mail** |
| **AgriSciences** | Dr Natasja Brown  *JS Marais Building*  *Room 1032A* | 021 808 2015 | [nbro@sun.ac.za](mailto:nbro@sun.ac.za) |
| **Arts and Social Sciences** | Ms Tanja Malan  *Arts and Social Sciences Building*  *Room 490* | 021 808 9519 | [tanja@sun.ac.za](mailto:tanja@sun.ac.za) |
| **Economic and Management Sciences** | Ms Ilse Gelderblom  *Schumann Building*  *Room 702* | 021 808 9525 | [ilzeg@sun.ac.za](mailto:ilzeg@sun.ac.za) |
| **Education** | Prof Ronelle Carolissen  *Education Building*  *Room GGC 1029* | 021 808 2738 | [rlc2@sun.ac.za](mailto:aec2@sun.ac.za) |
| **Engineering** | Mr Minnaar Pienaar  *Engineering Building*  *Room 214* | 021 808 4205 | [mop@sun.ac.za](mailto:mop@sun.ac.za) |
| **Law** | Ms Karin Wiss  Mr Bradley Greenhalgh  *“Ou Hoofgebou” (Old Main Building)  Room 2008 /2009* | 021 808 3780 | [karinwiss@sun.ac.za](mailto:karinwiss@sun.ac.za) |
| **Medicine and Health Sciences** | Ms Marilyn de Vries  *Clinical Building Tygerberg Campus*  *Room 1050* | 021 938 9309 | [mdevries@sun.ac.za](mailto:mdevries@sun.ac.za) |
| **Theology** | Ms Marieke Brand  *“Kweekskool” (Theological Seminary)*  *Room 1024* | 021 808 2142 | [mariekeb@sun.ac.za](mailto:mariekeb@sun.ac.za) |
| **Elsenburg Agricultural Training Institute Western Cape Department of Agriculture Western Cape Government** | Ms Desiree Chinasamy- Dampies  *Private Bag x1*  *Elsenburg*  *7607* | 021 808 5457 | [DesireeCD@elsenburg.com](mailto:DesireeCD@elsenburg.com) |