STELLENBOSCH UNIVERSITY

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| **FORM 2:** **STUDENT: PERSONAL APPLICATION FOR ASSESSMENT ACCOMMODATIONS** **(TESTS AND EXAMINATIONS)** |

**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 skryftyd@sun.ac.za 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****.**

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 accommodations: YES/NO**

**or**

 **Follow-up application to SU for accommodations: 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 practical’s**

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

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**4.2 During SU assessments**

**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 the Faculty contact person (see list on next page)/ Dean/Head of Department/ Lecturer/Academic Support Person:**

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:

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

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

**LIST OF FACULTY CONTACT PERSONS FOR**

**STUDENTS WITH SPECIAL LEARNING NEEDS AND DISABILITIES**

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| --- | --- | --- | --- |
| **Faculty** | **Contact person** | **Telephone number**  | **E-mail** |
| **AgriSciences** | Dr Natasja Brown*JS Marais Building Room 1028A* | 021 808 2015 | nbro@sun.ac.za |
| **Arts and Social Sciences** | Ms Chandré Smith *Arts and Social Sciences Building Room 481* | 021 808 4198 | chandrea@sun.ac.za |
| **Economic and Management Sciences**  | Ms Ilse Frans *CGW Schumann Building**Room 710* | 021 808 9525 | emsinfo@sun.ac.za  |
| **Education** | Ms Natasha Swartz *Education Building Room GGC 1030* | 021 808 2122 | nswartz@sun.ac.za  |
| **Science**  | Ms Aatika Valentyn *AL Perold Building* *Room 2012* | 021 808 3931 | aatika@sun.ac.za  |
| **Engineering** | Ms Natalie White *Engineering Building Room A 214* | 021 808 3614 | natalies@sun.ac.za |
| **Law** | Dr Bradley Greenhalgh*“Ou Hoofgebou” (Old Main Building) Room 2008*  | 021 808 3196  | bradleyg@sun.ac.za [https://calendly.com/bradleyg](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcalendly.com%2Fbradleyg&data=05%7C01%7C%7Ce86b8e9d76324c702fd408dbe455b946%7Ca6fa3b030a3c42588433a120dffcd348%7C0%7C0%7C638354829049784135%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=F9LoImtB0MBmKEE9knhcJ4FEIxnaeXArVN6NQoxSlGI%3D&reserved=0)to schedule an appointment |
| **Medicine and Health Sciences**  | Ms Pumeza Soga Ms Nothemba Nqayi*Clinical Building Tygerberg Campus Room 1050/ 1048* | 021 938 9309021 938 9142 | psoga@sun.ac.za nothemban@sun.ac.za  |
| **Theology** | Ms Marieke Brand*“Kweekskool” (Theological Seminary) Room 1024* | 021 808 2142 | 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 5464 | Desiree.Chinasamy-Dampies@westerncape.gov.za |
| **Only School of Accounting Hons B Accounting and PG DIP Accounting students** | Prof Soon Nel*Van der Sterr Building**3rd Floor, Room 3109*  | 021 808 3430 | snel@sun.ac.za  |