

DSAR09 Appeal for re-admission

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|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of student | | | | | | | | | | | |
| Unisa student number | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Previously registered qualification | | | | | | | | | | | |
| Reason for appeal | | | | | | | | | | | |
| Documents submitted in support of appeal (please attach the documents) | | | | | | | | | | | |

Declaration: I declare that all the particulars furnished by me on this form are true and correct. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto, and I have taken note of advice that may be applicable to students in general. I, as a student registered with Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required academic purposes pertaining to my application / registration to study with Unisa, which may include, but is not limited to, internal administrative processing, institutional and scholarly research, funding submissions, processing by the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South Africa Qualifications Authority, other public higher education institutions and Qualification Verification Agencies. I confirm that I have read the notice and understand the contents thereof.

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|------------------|--|---|---|---|---|---|---|---|---|
| Signature | | Y | Y | Y | Y | M | M | D | D |
|------------------|--|---|---|---|---|---|---|---|---|

This form should be submitted via e-mail to study-info@unisa.ac.za
Please include your student number and the name of the form (DSAR09) in the subject line of the e-mail.

| FOR OFFICE USE ONLY | | | | |
|--|--|---------------------|--|-------------|
| Date when student was phased out | | | | |
| Processed by | | Date | | |
| Approved | | Not approved | | Date |
| Comments to be recorded on student system | | | | |

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 Unisa Registrar