



APPLICATION FOR RE-ADMISSION FOLLOWING EXCLUSION

NOTE: The completed form as well as the supporting document/s must be sent to the Special Cases Committee on scc-fhs@wits.ac.za, by no later than 31 August of the current academic year.

Surname	<input type="text"/>		
First Name	<input type="text"/>		
Person Number	<input type="text"/>	Mobile number	<input type="text"/>
Degree/ Programme	<input type="text"/>		
Year of study of last registration e.g. YOS I	<input type="text"/>	Academic Year e.g. 2024	<input type="text"/>

The following should be attached to this form:

- Letter of Motivation
- Academic record post-exclusion

For Office use only

Please mark with X

APPROVED

DECLINED

Comments

FULL NAME _____

DESIGNATION _____

SIGNATURE _____ DATE _____