

Registration Contract Cancellation



Appeal Request Form

This form may only be submitted after a formal cancellation outcome has been issued. Appeals will only be considered where exceptional circumstances exist and must be supported by appropriate documentary evidence.

Date Request Submitted:

D	D	M	M	Y	Y	Y	Y
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1. STUDENT INFORMATION

Student Number:

S	T								
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Campus:

Student's First Name & Surname:

Qualification:

Core Discipline (If applicable):

Qualification Start Date:

D	D	M	M	Y	Y	Y	Y
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Registration Type:

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Full Time

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Part Time

Mode of Delivery:

☐

Contact

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Distance

Fee Payer/Company Name:

Full Contractual Amount:

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Outstanding Balance:

R								.		
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2. APPEAL REQUEST

Reason for appeal request:

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Academic

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Financial

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Medical

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Administrative

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Other

If other, please state reason:

This application must be accompanied by a **detailed appeal letter** clearly motivating the reasons for the appeal. All relevant **supporting documents or evidence** must be included to enable proper consideration of the appeal.

Please ensure the following documents are provided:

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An appeals letter from Student/Fee Payer

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Any relevant supporting documentation/evidence

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Copy of Cancellation request form and motivational letter

5. FOR OFFICE USE ONLY

Campus Head comments:

Campus Head Signature:

Date: