

BELLAVISTA S.H.A.R.E

Deferment Request Form



Student Information			
Student Name			
Student Number			
Year of Study		Face to Face/ Online	
Course Leader			

Module Details			
<i>Please list all affected areas of work</i>			
Module Number	Module Title	Type of Assessment <small>(e.g. course work, assignment, profiling a learner etc.)</small>	Date of Assessment

Details of Mitigating Circumstances		
Nature of circumstances (please indicate below)		
Illness	Medical	Bereavement
Accident	Family Illness	Other
Please provide details of the circumstances that you believe have affected your academic performance.		

BELLAVISTA S.H.A.R.E
Deferment Request Form



Please provide precise dates of the period/s affected by your mitigating circumstances:

Please list the supporting evidence that you will submit with your application:

Signature:

Date:

Details of claims will be kept confidential. Submit form to the Course Leader:
kalie.naidoo@bellavistaschool.co.za

You will be notified by email of the outcome of your claim.