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Student Counselling and Development (SCD)  
Tel: +2718 299-2893  
Email: [concessionspotch@nwu.ac.za](mailto:concessionspotch@nwu.ac.za)

## CONCESSIONS APPLICATION FORM (Revised Feb 2021)

### DEAR STUDENT

You have indicated that you would like to apply for CONCESSIONS (extended writing time, special assistance, amanuensis, etc.) during formal assessments. Our aim at the North-West University (NWU) Potchefstroom is to assist you to reach your academic potential by providing concessions that are reasonable, intending to minimise the impact of the condition and/or disability, whilst not providing unintentional advantage over other students. To make this possible, please complete this form and attach **copies of the medical and/or psychological/psychometric proof of your disability or condition**, and/or any other supporting documents. Please **strictly adhere** to the Concession Procedure Document requirements (available on web), especially regarding section 6.

**LATE AND/OR INCOMPLETE APPLICATION FORMS WITH OUTDATED DOCUMENTATION WILL NOT BE ACCEPTED.**

**Please register with the DRU (Disability Rights Unit), at Building F18 / or via eFundi Student Counselling and Development, BEFORE submitting this application.**

### 1. Biographical information:

|  |   |  |
|--|---|--|
| Initials and surname:                      |   |  |
| Student number:                            |   |  |
| Course:                                    |   |  |
| Faculty:                                   | <input type="checkbox"/> Economic and Management Sciences   | <input type="checkbox"/> Law               |
|  | <input type="checkbox"/> Humanities   | <input type="checkbox"/> Theology          |
|  | <input type="checkbox"/> Health Sciences  | <input type="checkbox"/> Distance Learning |
|  | <input type="checkbox"/> Engineering  | <input type="checkbox"/> Education         |
|  | <input type="checkbox"/> Natural Sciences   |  |
| Gender:                                    | <input type="checkbox"/> Female   |  |
|  | <input type="checkbox"/> Male   |  |
| Academic year:                             | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> |  |
|  | <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> Hons <input type="checkbox"/> Masters <input type="checkbox"/> PhD                                |  |
| Contact details (cell phone or telephone): |   |  |
| Email address:                             |   |  |
| Date of application:                       |   |  |

**2. Please select and specify type of disability/condition diagnosed with:**

|                          | <u>Disability/Condition</u>                                  | <u>Specify type</u> |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | Visual disability  |                     |
| <input type="checkbox"/> | Hearing disability   |                     |
| <input type="checkbox"/> | Speech disability  |                     |
| <input type="checkbox"/> | Physical disability (permanent)                              |                     |
| <input type="checkbox"/> | Physical disability (temporary; e.g. accident, broken wrist) |                     |
| <input type="checkbox"/> | Specific medical condition                                   |                     |
| <input type="checkbox"/> | Psychiatric condition  |                     |
| <input type="checkbox"/> | Neurodevelopmental disorder                                  |                     |
| <input type="checkbox"/> | Neurocognitive disorder                                      |                     |
| <input type="checkbox"/> | Other  |                     |

**3. Please indicate the medication that you are currently using (Attach proof from a doctor or psychiatrist of medication use):**

**4. What type of support and special services do you need in the following settings?**

|  |                           |
|--|---------------------------|
| <b>In the lecture halls / practical classes or infrastructure</b>                    | Please write requirements |
| <b>During tests and exams</b>  | Please write requirements |
| <b>Study and/or reading material in a specific format (large print papers, etc.)</b> | Please write requirements |

**\*\*Disclaimer: Assistance is **only** provided during formal assessments. Contact lecturer for special assistance and/or permission\*\***

**5. Please provide any additional information:**

Please indicate which documentation you attach with the application, ensuring that it is according to the Concession Procedure Document requirements stipulated in section 6.

**REPORTS SHOULD NOT BE OLDER THAN 18 MONTHS**

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Optometrist/Orthoptist Report   | <input type="checkbox"/> | Audiologist / Acoustician Report   |
| <input type="checkbox"/> | Speech Therapist Report   | <input type="checkbox"/> | General practitioner (GP) and/or medical specialist Report   |
| <input type="checkbox"/> | Occupational Therapy Report   | <input type="checkbox"/> | Physiotherapeutic Report   |
| <input type="checkbox"/> | Full Neuropsychological Evaluation Report by neurologist / psychiatrist / clinical, counselling, educational psychologist | <input type="checkbox"/> | Psychological Report for psychiatric conditions by psychiatrists / clinical / counselling psychologist |
| <input type="checkbox"/> | Collateral Information, e.g. reading lab assessment results   | <input type="checkbox"/> | Other  |

It is **your responsibility** to provide these reports, with the application form, to the concession coordinator ensuring that your application is complete.

**VERY IMPORTANT:**

**Any and all** correspondence or communication takes place with the applicant. In line with the privacy laws and ruling law of the country, no correspondence of whatsoever nature with parents/guardians and/or others will be conducted.

Please familiarise yourself with the NWU's policy and procedures on students with disabilities which you will find on the web (<http://services.nwu.ac.za/disability-rights-unit>). For any additional information you might need please contact the disability rights unit coordinator at Student Counselling and Development. Remember to register at the DRU BEFORE submitting this application.

Please note that your personal information will only be used for the purpose for which you have consented to as set out herein. After graduation your personal information will be destroyed in line with the relevant legislation and policies that are applicable.

If you have indicated during your application to study at the NWU that your personal information may not be shared, please attend to the Central Applications and Admissions Office to change this preference (your Protection of Personal Information Act status) prior to submitting this application.

**By signing this document, the applicant confirms that he/she is providing informed consent concerning:**

- a) the disclosing of the information relating to his/her condition/disabilities, diagnostic reports, and academic progress information to the exam centre and concession panel, as well as to the concession coordinator, disability rights unit coordinator, members of the concession panel, faculty administrators, relevant academic staff members and the exams department;
- b) the concession coordinator- and/or panel member, faculty administrators, and disability rights unit coordinator to contact the professional(s) indicated on the attached reports for further information and/or to validate the report authenticity should there not be an original stamp on the report;
- c) the disclosing of the nature of- and duration of concessions granted on the internal NWU system and internal documentation (such as student-records etc.).

**You hereby consent to a, b, c above:**

**Student signature:**

**Date:**

**Applications are only discussed at the formal panel.**

**NO late applications will be accepted.**

**For Office use ONLY:**

- Applications close **30 March**
  - Applications close **5 May**
  - Applications close **30 August**
  - Applications close **22 October**
1. **Applicant registered with the DRU - Y / N**
  2. **NWU system POPI act permission - Y / N**
  3. **Document signed - Y / N**
  4. **Documents of proof according to section 6 & sufficient - Y / N**
  5. **Date application received -**
  6. **Application received by -**