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CONCESSION PROCEDURE DOCUMENT

Revised January 2026

1. INTRODUCTION

The North-West University (NWU) offers concessions to students with certain permanent and/or temporary disabilities and/or disorders who may not be able to reflect their true ability under standard formal assessment (semester assessments and examination) conditions. It is the aim of the North-West University (NWU) to assist students to reach their full academic potential by offering assistance and/or concessions that ensures equitable, reasonable and appropriate access to higher education, based on the national standards applicable to tertiary education in South Africa, whilst not prejudicing deserving students, their peers and/or any academic program. This concession procedure document is specifically aimed at such students who wish to apply for concessions (extended writing time, amanuensis, special assistance, etc.) during semester tests and examinations (formal assessments) whilst studying at the NWU. This document is written in line with the National Plan for Higher Education (2001); the Education White Paper 6: Special Needs Education (2001); the NWU Institutional Office Policy on Students with Disabilities, 2014; the NWU Policy on Students Living with Disabilities, 2021; and the Independent Examinations Board (IEB) Policy for the Granting of Accommodations and Concessions to Candidates in the National Senior Certificate Examinations (2025). The procedure is further cognizant of and generally aligned with concessions procedures from other South African higher education institutions, including but not limited to the University of Pretoria (UP), the University of the Free State (UFS), and Stellenbosch University (SU), to ensure consistency with national standards in higher education. It is the responsibility of the applicant to read through the information provided in this document, ensure that they understand the content, and seek clarification where required.

This document includes procedures regarding concessions, extended writing time, and additional assistance offered to the students. It can be regarded as a guideline for relevant disciplines (e.g. psychologists, psychiatrists, occupational therapists, audiologists, general practitioners, etc.) who deliver a service to the students with the aim of confirming a concession request. Only applications pertaining to disabilities/disorders diagnosed by a relevant and/or appropriate HPCSA registered practitioner(s) will be accepted, recognized, and considered for purposes of the NWU Disability Rights Unit (DRU) concession process. The consideration of the granting of and administration related to concessions at the NWU is the responsibility of the office of the Disability Rights Unit (DRU) under Student Counselling and Development (SCD). This office must process all applications.

Whilst the alignment of institutional concession procedures is in progress, Mahikeng and Vanderbijlpark campus students are requested to contact their respective Disability Rights Units (DRUs) for campus-specific procedures and the relevant application forms. The relevant contact details are provided on the last page of this document.

1.1.1 Please take note of the following:

- Previously granted concessions do not imply an automatic extension to tertiary education at the NWU. Accommodations offered are only valid for an applicant's current degree at NWU and do not apply to concession applications at any national, international, accredited, occupational, and/or professional board examinations outside the NWU.

- An application for concession is managed by the concessions coordinator, and the formal decisions are made by the concession panel. The concession panel consists of psychologists, SALA Operations e.g. faculty advisers, a speech therapist, a social worker from the DRU, and the concessions coordinator. Additionally, the panel consults with an allocated medical practitioner and optometrist regarding medical diagnosis applications when applicable. The concession panel considers all relevant and completed applications received on time**.** Extra time will be allowed for a maximum amount of 15 minutes per hour according to the panel's discretion, except in the case of severe disabilities. While the panel considers reasonable concessions, it retains the sole discretion to refuse an accommodation without providing a reason, or to require the applicant to obtain a specialist evaluation at their own cost. **Permission for granted concessions can be withdrawn**, notably in cases of unprofessional and prohibited conduct[1] or if a student fails to utilise the concessions without timely communication with the DRU coordinator.

- To ensure effectiveness and consistency, comprehensive and complete documentation and/or reports are required **(Take note of the documentation and report requirements in section 5).** The recommendations and advice from the professional practitioners are considered **but are not binding**, as the **final decision and extent** of accommodations rest with the concession panel, which is familiar with the NWU educational environment. It should be noted that not all perceived impairments constitute a disability and/or disorder. Applications that fail to meet the stipulated requirements on relevant and complete diagnostic and/or clinical information will not be advanced to the concession panel and will not receive consideration by the panel.

- Students may only appeal against a concession panel's accommodation decision twice during their studies at the NWU. This is done by submitting a formal letter (clearly stating the reasons for the appeal along with the required proof) to the concessions coordinator and by completing an online application before the closing date. The coordinator will take the appeal to the concession panel, in line with the next concession panel discussion date, where the appeal will be evaluated. The panel's **reviewed decision is final**.

- Concession support needs to be put in place in advance of the semester assessments and examinations. The application dates, application forms, and procedures are communicated on eFundi, the NWU calendar and the NWU social platforms. **After the closing dates, no further applications will be considered**. If the student misses the concession panel discussion closing date, he/she can submit his/her application in the next semester.

2. PROCEDURES: APPLICATIONS FOR CONCESSIONS

Please follow the specified application process stipulated below

[1] Disciplinary action may be taken in accordance with NWU academic rules

2.1 NEW APPLICATIONS / FIRST APPLICATIONS

1. Register with the Disability Rights Unit	2. Complete Online Application	3. Submit Online Application Form	4. Formal Panel Discussion	5. Feedback
To register with the Disability Rights Unit (DRU) scan this QR code or follow the link below to complete the online application form QR code Link Apply to register with the DRU Also available via email request [2]PC/DL - drupotch@nwu.ac.za	Available here Concessions Application Also available on the NWU website https://services.nwu.ac.za/disability-rights-unit Also available via email request PC/DL - concessionspotch@nwu.ac.za Ensure BOTH forms are completed	Submit a completed application online, ensuring that the uploaded documentation/reports meet the stipulations in Section 5 (Documentation and Report Requirements) Email enquiries to the email addresses listed in step 2 or visit your respective DRU coordinator at Potchefstroom Campus • Building F18, G09	All relevant and complete applications received before the Application Closing Date are taken to a Formal Panel Discussion three to four weeks after the closing date These Formal Panel Discussions are set annually, no additional discussions will be arranged **2026 Application Closing Dates** **23 Feb 2026** **20 July 2026**	Applicants receive the panel decision and concessions communication via their NWU email address only (studentnumber@mynwu.ac.za via Outlook) Panel decision communication will be provided within four weeks after the Application Closing Date Successful applicants must follow the required steps stipulated in the feedback email thoroughly

[2] PC – Potchefstroom Campus
DL – Distance Learning

2.2 EXPIRED CONCESSION

In the case of expired concession(s):

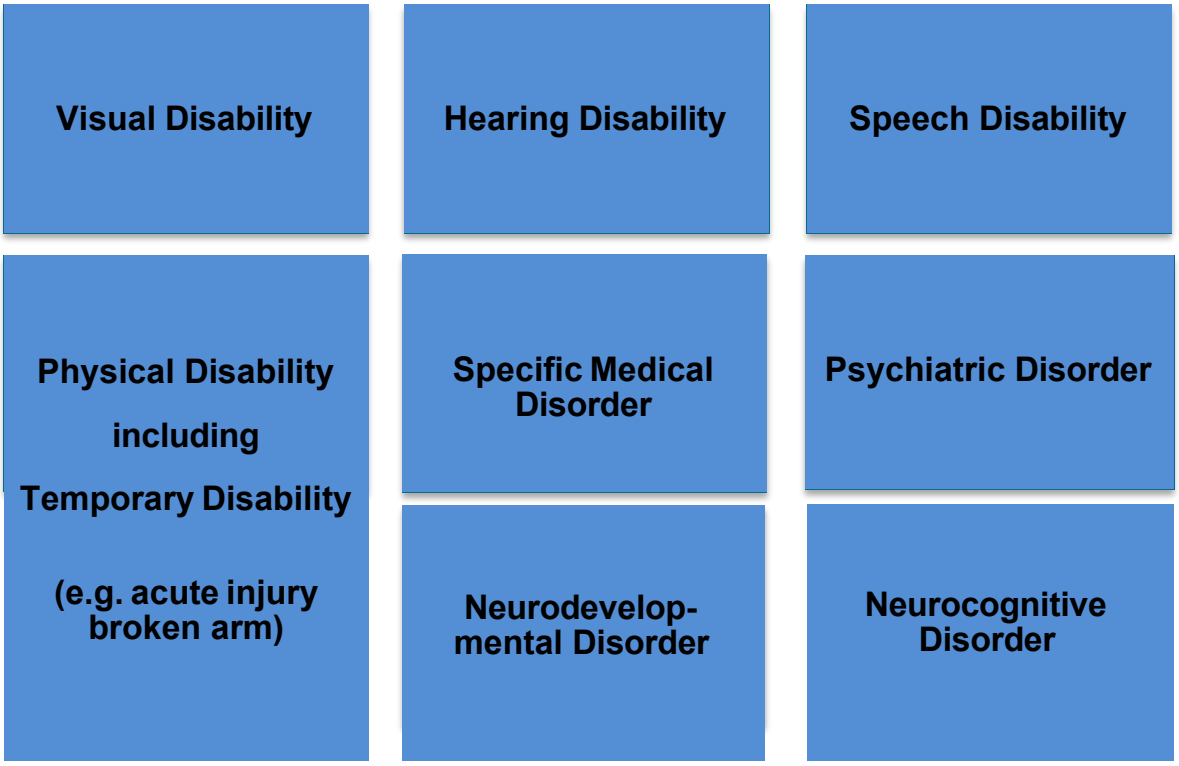
- Review your concession document to determine what should be implemented, OR what interventions were requested
- Implement these interventions
- Submit proof thereof with a renewed application form online before the concession's application closing dates listed
- Follow steps 2-5 as stipulated on the previous page

PLEASE NOTE that it is the **applicant's responsibility to monitor the period allocated** to the concession granted and **reapply** for concessions **BEFORE the initially allocated time expires**. This **also applies** to postgraduate versus undergraduate applications or course changes, where the concession granted was granted until the end of a specific current degree.

No late applications will be accepted, even for previous concession candidates.

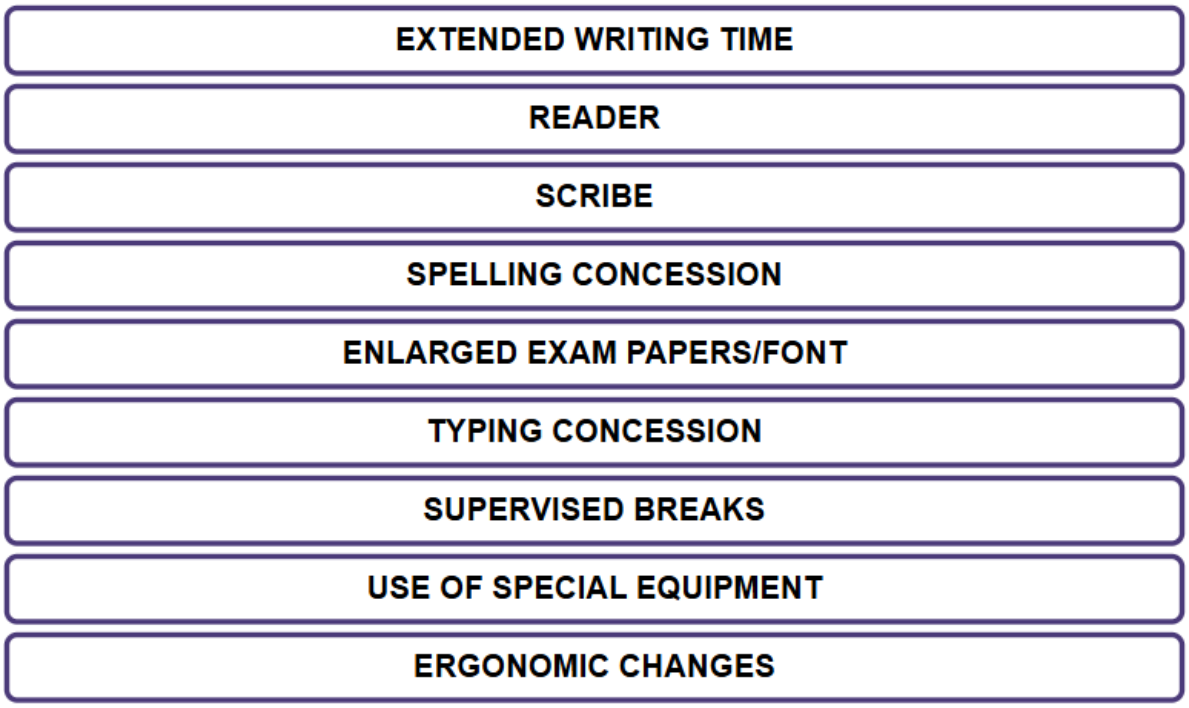
3. CONDITIONS FOR APPLICATION

Concessions and assistance may be provided for the following disabilities/disorders:



4. AVAILABLE SUPPORT

The following support may be provided for the disabilities/disorders mentioned under section 3:



For Distance Learning Students:

All students registered with Distance Learning (DL) and granted concessions remain subject to the standard examination protocols, which mandate the use of the official online examination platform and the Invigilator app. It is the student's responsibility to secure a private, quiet venue and to ensure access to a functional computer, a stable internet connection, and a reliable power supply for the full duration of the examination, including any additional time. Please note that background noise is monitored by the Invigilator app.

For concessions involving supervised breaks, alternative arrangements for writing in an approved setting will be communicated; however, the student remains responsible for providing his/her own computer and internet access, and all breaks will be under the supervision of an external invigilator.

5. DOCUMENTATION AND REPORT REQUIREMENTS

The following documentation requirements are compulsory for all applications. Refer to Table 1 (following) for additional specifications based on the type of diagnosis or disability.

A. Validity and Professional Standards

1. **Report Currency**
    - Diagnostic reports must not be older than **18 months** at the time of submission
2. **Authorized Practitioners**

- Only reports from **registered healthcare professionals** affiliated with the **Health Professions Council of South Africa (HPCSA)** will be accepted. Accepted practitioners include
  - Psychiatrists, Neurologists, Psychologists (Clinical/Counselling/Educational/Neuro)
  - Speech Therapists, Occupational Therapists, Physiotherapists
  - Optometrists, Orthopaedic Specialists, Audiologists
  - General Practitioners (GPs) *for temporary and specific medical conditions only*
- Refer to Table 1 for discipline-specific requirements

B. Required Content of Reports

All reports **must** include

1. **Practitioner Credentials**
   - Full name, **HPCSA registration category/number**, practice number, and contact details
2. **Diagnostic Clarity**
   - **Formal diagnosis** with **ICD-10/DSM-5 codes**
   - Dates of assessments, tools used, and results
3. **Functional Impairment**
   - **Specific academic impact**
   - Prognosis (stable, progressive, or temporary) and expected duration of impact
4. **Treatment Context**
   - Current/past interventions (e.g., therapy, medications) and outcomes
   - For medication: **dosage, side effects**, and academic implications (e.g., sedatives impair concentration)
5. **Concessions Rationale**
   - **Evidence-based recommendations**

C. Supporting Information

Reports should be supplemented with

- **Clinical observations**
- **Psychometric data** (if applicable, e.g., WAIS-IV SA processing speed scores)
- **Collateral records** (previous reports, school/medical history)

D. Additional Considerations

1. **Prior Concessions**
   - Disclose any past accommodations (type/duration) with supporting evidence
2. **Practitioner Recommendations**
   - Suggest **specific academic interventions** (e.g., reader, additional time)

E. Temporary Concessions

- Temporary concessions may be granted in cases of **acute injury or illness** (e.g., fractures, post-surgery), provided adequate proof is submitted, such as a medical certificate **and** supporting documents like **X-rays**
- Concessions will not be granted solely based on a generic medical certificate, **except in clearly documented acute cases**
- Applications for temporary disability concessions must be submitted **promptly after injury or upon resuming studies** to facilitate support

F. Review Process

- The panel may
    - Request **additional assessments** (at the expense of the applicant)
    - Cross-reference multiple reports for consistency

The following table (Table 1) provides further requirements according to the different conditions:

1.1.2 Table 1: Documentation required for each disability/disorder

DISABILITY/ DISORDER TYPE	DIAGNOSTIC REQUIREMENTS

Visual Disabilities	**Required Professional**
	• HPCSA-registered Optometrist or Ophthalmologist
	
	Diagnostic Report Must Include
	• **Clinical Findings**
	  ○ Visual acuity (aided/unaided) and visual field testing (e.g., perimetry)
	  ○ Refraction (distance/near) and, *if relevant*, (glaucoma risk) intraocular pressure
	• **Functional Impairment**
	  ○ Specific academic impact (e.g., reading speed, screen fatigue)
	• **Diagnosis and Prognosis**
	  ○ Formal diagnosis (ICD-10 code) + stability/progression (e.g., degenerative)
	• **Concessions Related Recommendations**
	  ○ Assistive devices (e.g., readers, magnifiers)
	  ○ Concessions accommodations (e.g., additional time, large print)

Hearing Impairment	**Required Professional**
	• HPCSA-registered Audiologist or ENT Specialist
	
	Diagnostic Report Must Include
	• **Audiological Testing**
	  ○ Pure-tone audiometry and speech discrimination scores
	  ○ Tympanometry (if conductive loss is suspected)
	• **Functional Impairment**
	  ○ Specific academic impact

	• **Diagnosis and Aids**
	  ○ Type/degree of hearing loss (e.g., sensorineural, bilateral)
	  ○ Hearing aid/cochlear implant efficacy
	• **Concessions Related Recommendations**
	  ○ Captioned videos, preferential seating

Speech Impairment	**Required Professional**
	• HPCSA-registered Speech-Language Therapist (SLT), Neurologist, or ENT Specialist
	
	Diagnostic Report Must Include
	• **Standardized Assessments**
	  ○ Goldman-Fristoe Test of Articulation-3 (GFTA-3) or any articulation test, assessing articulation in a specific language (assessment of articulation accuracy across single words and connected speech)
	  ○ Structured clinical speech samples (conversational and narrative samples collected for analysis of intelligibility, rate, resonance and prosody)
	  ○ Stuttering Severity Instrument-4 (SSI-4) (severity of stuttering in individuals of all ages assessment)
	
	• **Clinical Documentation**
	  ○ A comprehensive case history detailing developmental, medical, educational, and communication background
	  ○ Results of formal assessments, including error patterns, and descriptive analyses
	  ○ Informal assessments, including speech samples, observations across tasks, and functional communication performance
	  ○ Therapy history, including previous interventions, response to therapy, and current support needs
	  ○ Summary of findings describing the severity of the speech impairment, functional impact on academic and social participation, and prognosis
	
	• **Functional Impairment**
	  ○ Specific academic impact
	
	• **Verbal Communication Barriers, with any Secondary Effects**
	  ○ Reduced intelligibility in unfamiliar or high-pressure contexts, leading to frequent communication breakdowns
	  ○ Prolonged speech production time, which affects oral presentations, class discussions, and rapid verbal responses
	  ○ Secondary academic effects including reduced participation in class discussions, difficulty demonstrating oral knowledge, and disadvantage during timed oral assessments
	
	• **Concessions Related Recommendations**
	  ○ Alternative assessment format: Allow the student to read from a script, present in a pre-recorded format, or substitute oral presentations with written assignments, where appropriate
	  ○ Extended time for oral tasks and examinations requiring verbal responses
	  ○ Reduced pressure speaking environment, such as presenting to the lecturer only or in a smaller group
	  ○ Permission to use AAC supports (e.g., text-to-speech, slides with expanded text, visual organisers) during oral assessments
	  ○ Exemption from oral presentations when the speech impairment significantly impacts intelligibility and performance validity
	  ○ Flexibility in class participation requirements, acknowledging that verbal contributions may be limited

Specific Medical Disorders	**Required Professional**
	• HPCSA-registered General Practitioner and/or Medical Specialist (e.g., Neurologist for epilepsy, Endocrinologist for diabetes)
	
	Diagnostic Report Must Include
	• **Medical history, diagnosis, and prognosis**
	• **Diagnostic Evidence**
	  ○ X-ray/lab/imaging results
	• **Medication Treatment and Side Effects**
	  ○ Explicit link to accommodations
	• **Functional Impairment**
	  ○ Specific academic impact
	• **Concessions Related Recommendations**
	  ○ Concessions (e.g., use of a scribe)

Physical Impairment includes temporary (e.g., hand injury) and permanent physical disabilities	**Required Professional**
	• HPCSA-registered General Practitioner and/or Medical Specialist (Orthopaedical Surgeon / Physiatrist / Physiotherapist)
	
	Diagnostic Report Must Include
	• **Medical history, diagnosis, and prognosis**
	• **Objective Evidence**
	  ○ Imaging/lab reports (e.g., X-rays for fractures)
	• **Functional Impairment**
	  ○ Specific academic impact
	  ○ Duration
	• **Concessions Related Recommendations**
	  ○ Concessions (e.g., use of a scribe)
	
	Temporary Concessions Note
	• Applications for temporary disability concessions must be submitted **promptly after injury or upon resuming studies** to facilitate support

Neurodevelopmental Disorders: Specific Learning Impairments (SLI) with specification (Mathematics, Reading, and Written Expression)	**Required Professional** • HPCSA Registered Clinical/ Counselling/ Neuro-/ Educational Psychologist • **Additional supporting** documentation from Speech-Language Therapists, Occupational Therapists, or Physiotherapists may be included where these professionals have been involved in the assessment or treatment. These reports should consist of relevant evaluation results and interpretations. **Comprehensive Psychoeducational Assessment with Neuropsychological Components for SLI Must Include** • DSM-5-TR diagnosis *(if present)* (severity indicated) • Clinical interview and background (academic, developmental) • Collateral reports (school history, therapy notes) • Clinical observations • **Functional impairment present and specific academic impact** • Results and interpretation **of the following assessments** **A. Intellectual Ability Assessment**

- Wechsler Adult Intelligence Scale – Fourth SA Edition (WAIS-IV SA) *(Full Assessment Required)*

B. Academic Attainment and Learning Areas

- **Reading fluency and comprehension**
- **Spelling and written expression**
- **Mathematical reasoning and calculation**

Acceptable tools may include

- Graded Reading Test (SA-adapted) {5-18 years}
- One-Minute Word Reading Test {6-16:7 years}
- Rapid Automatized Naming (RAN) and Rapid Alternating Stimulus (RAS) {5-18:11 years}
- Detailed Assessment of Speed of Handwriting (DASH 17+) {17-25 years}
- Communication Checklist – Adult (CC-A) {17-79 years}
- Schonell Spelling Test {Grade 1-12}
- RAATS (Rapid Automatic Naming and Spelling Test) {Grade 1-12}
- WIAT-III (Wechsler Individual Achievement Test – Third Edition) {4-50:11} *(Not for standalone use)*
- *Differential Aptitude Test (DAT) Form L Test 5 {16+ assumed} (Afrikaans only for reading accuracy and speed, but **not** for standalone use*)
- UCT Graded Spelling Test {Grade 1-12} / UCT Graded Reading Test {Grade 1-12}/ UCT Spelling Test (*Afrikaans only, not for standalone use)*
- Dyslexia Adult Screening Test (DAST) {16:5+ years} *(Not for standalone use)*
- Stark-Griffin Dyslexia Test {Grade 3-12} *(Screening only, not for standalone use)*
- Survey of Study Habits and Attitudes (SSHA) {15-25} *(Not for standalone use)*

C. Effort/Symptom Validity Tests

Acceptable tools may include

- Dot Counting Test (DCT)
- Test of Memory Malingering (TOMM)
- Validity Indicator Profile (VIP)
- Rey 15-Item Test with Recognition Form
- Reliable Digit Span (from WAIS-IV SA)

D. Executive Function Tests

Where applicable, assessments of visual-motor integration, visual-spatial perception, working memory, executive functioning, and processing speed may be included

- Rey-Osterrieth Complex Figure Test (RCFT)
- Stroop Color-Word Test
- Clock Drawing Test
- Bender Visual Motor Gestalt Test
- Beery Visual-Motor Integration (VMI)

Note: No single test should be used in isolation
All findings must relate to functional impairment and academic impact

Neurodevelopmental Disorders:
 	
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)
	Required Professional
	• HPCSA Registered Psychiatrist and/or Clinical/ Counselling/ Neuro- / Educational Psychologist
	
	Diagnostic Report Must Include
	• The DSM-5-TR diagnosis and date of diagnosis *(if present)*
	• Treatment plan, including
	  ○ Prescribed medication and/or therapy
	  ○ Duration of treatment
	  ○ Effectiveness of treatment
	  ○ Any noted side effects
	• Clinical rationale for academic concessions beyond current treatment
	• Prognosis and expected course of condition
	
	If diagnosed only by a General Practitioner (GP)
	A comprehensive diagnostic re-evaluation must be conducted by an appropriately registered HPCSA professional with the additional aim to evaluate functional impairment and academic impact (see below requirements)
	
	If the diagnosis is already established
	A neurocognitive or psychoeducational assessment must be submitted to evaluate functional impairment and academic impact
	
	Comprehensive Neuropsychological Evaluation with Psychoeducational Components for ADHD/ADD Must Include
	• DSM-5-TR diagnostic criteria
	• Background and onset of symptoms
	• Treatment history and response
	• Medication adherence and side effects
	• **Functional impairment present and academic impact**
	• Results and interpretation **of the following assessments**
	
	A. Intellectual Ability Assessments
	• Wechsler Adult Intelligence Scale – Fourth SA Edition (WAIS-IV SA) *(Full Assessment Required)*
	
	B. Academic Achievement Testing
	• WIAT-III (Wechsler Individual Achievement Test) *(Not for standalone use)*
	• Consider areas like reading comprehension, written expression, and processing speed
	
	C. Behaviour Rating Scales
	Acceptable tools may include
	• CAARS Conners Adult ADHD Rating Scale *(Not for standalone use)*
	• Adult Self-Report Scale for ADHD (ASRS) *(Not for standalone use)*
	• Brown Attention-Deficit Disorder Scales *(adolescents and adults) (Not for standalone use)*
	• Conners {6-18 years}
	
	D. Executive Function Tests
	Where applicable, assessments of attention, inhibitions, working memory, and executive functioning may be included (beyond WAIS-IV SA results)
	• Rey-Osterrieth Complex Figure Test (RCFT)

	• Stroop Color-Word Test • Continuous Performance Tests (CPT-3) • Trail Making Test (TMT) • Wisconsin Card Sorting Test (WCST) • Tower of London *(Not for standalone use)* **E. Effort/Symptom Validity Tests** Acceptable tools may include • Dot Counting Test (DCT) • Test of Memory Malingering (TOMM) • Validity Indicator Profile (VIP) • B Test • Rey 15-Item Test with Recognition Form • Victoria Symptom Validity Test (VSVT) **F. Optional and Context-Dependent Assessments** **Emotional and Personality Functioning** Use when symptoms are inconsistent, atypical, late-onset, or where trauma, substance use, or co-occurring emotional/psychiatric factors may be present • MMPI-2 / MMPI-2-RF *(if personality factors relevant)* • Personality Assessment Inventory (PAI) • Millon Clinical Multiaxial Inventory-III (MCMI-III) • Beck Depression Inventory-II (BDI-II) • Beck Anxiety Inventory (BAI) **Note:** No single test should be used in isolation **All findings must relate to functional impairment and academic impact**

Neurodevelopmental Disorders:
 	
Autism Spectrum Disorder (ASD)
	Required Professional
	• HPCSA-registered Psychiatrist *or* Clinical/ Counselling/ Neuropsychologist (with ASD expertise)
	• **Multidisciplinary input** (e.g., Speech-Language Therapist, Occupational Therapist) is *strongly recommended* for sensory/social communication assessment
	
	Comprehensive Neurodevelopmental Evaluation with Neuropsychological and Psychoeducational Components for ASD Must Include
	• DSM-5-TR diagnosis (specify severity level: 1, 2, or 3)
	• Date of diagnosis (if diagnosed pre-tertiary, include a recent functional impact update)
	• Developmental History
	  ○ Early social/communication delays (e.g., speech milestones, peer interaction)
	  ○ Collateral from parents/teachers/therapists (critical for late-diagnosed adults)
	• Lancet Commission (2022) Compliance
	  ○ Evidence of lifespan symptoms (even if masked)
	  ○ Screening for co-occurring conditions (e.g., ADHD, anxiety)
	• **Functional impairment present and academic impact**
	  ○ Specific challenges (e.g., executive dysfunction, sensory overload in lectures, group work barriers)
	• Results and interpretation **of the following assessments:**
	
	A. Core Autism Assessments
	Required Assessment(s)
	• Autism Diagnostic Observation Schedule (ADOS-2) *(Required)*
	Additional / Supportive Assessments
	• Autism Diagnostic Interview-Revised (ADI-R)
	• Social Responsiveness Scale (SRS-2) (self/informant-report)
	• Communication Checklist – Adult (CC-A) {17–79 years}
	
	B. Cognitive and Adaptive Functioning
	• Wechsler Adult Intelligence Scale (WAIS-IV SA) *(Full Assessment Required)*
	
	C. Executive Function and Sensory Processing
	Acceptable tools may include
	• Behaviour Rating Inventory of Executive Function (BRIEF-A)
	• Sensory Profile 2 (Adolescent/Adult form)
	• Stroop Test / Trail Making Test (TMT) (processing speed/attention)
	
	D. Effort/Symptom Validity (if clinically indicated)
	• Test of Memory Malingering (TOMM)
	• Validity Indicator Profile (VIP)
	
	E. Co-occurring Conditions (Screen if relevant – use assessment guidelines requested in this Table 1)
	• Conners Adult ADHD Rating Scale (CAARS)
	• Beck Anxiety/Depression Inventories (BAI/BDI-II)
	
	Note: No single test should be used in isolation
	All findings must relate to functional impairment and academic impact

Neurodevelopmental Disorders: Other: Communication Disorders; Motor Disorders; Other Neurodevelopmental Disorders (Tic Disorders)	**Required Professional** • HPCSA Registered Occupational Therapist / Speech-Language Therapist / Neurologist / Psychiatrist / Clinical-/ Counselling-/ Neuropsychologist according to disorder type **Comprehensive Assessment for Relevant Disorder Must Include:** • DSM-5-TR diagnostic criteria • Background and onset of symptoms • Treatment history and response • Medication adherence and side effects • **Functional impairment present and academic impact** • Results and interpretation **of the following assessments:** ○ Speech-Language and Communication Assessment / ○ Occupational Therapy Motor Skills Assessment / ○ Neuropsychiatric Evaluation for Tic Disorders **Note:** No single test should be used in isolation **All findings must relate to functional impairment and academic impact**
Acquired Neurocognitive Disorders: Traumatic Brain Injury (TBI) / Epilepsy with Cognitive Deficits / Post-Stroke Impairment / Other	**Required Practitioners** • HPCSA-Registered Neuropsychologist (or psychologist with relevant training, supervision, and experience in neuropsychological assessment) • Neurologist / Psychiatrist (for formal medical diagnosis, e.g., TBI, epilepsy, stroke, or other CNS-related conditions) • Occupational Therapist / Speech Therapist / Physiotherapist (if relevant for motor, functional, or speech-language impairments) If the **diagnosis occurred more than 6 months ago**, a **current neuropsychological evaluation** is essential to establish present-day functioning **Comprehensive Neuropsychological Evaluation Must Include** **A. Diagnostic Clarity** • DSM-5-TR/ICD-10 diagnosis • Date of injury/onset and prognosis (stable, progressive, or recovering) **B. Recommended Assessment Battery** • **Intellectual Functioning** ○ Wechsler Adult Intelligence Scale (WAIS-IV SA) *(Full Assessment Required)* • **Cognitive Functioning** ○ Mini-Mental State Examination (MMSE) ○ Montreal Cognitive Assessment (MoCA) • **Executive Functioning** ○ Trail Making Test (TMT) (Parts A and B) ○ Wisconsin Card Sorting Test (WCST) ○ Stroop Colour-Word Test ○ Tower of London *(not for standalone use)*

	○ ISASA Mazes • **Memory** ○ Wechsler Memory Scale - Fifth Edition (WMS-V) ○ Rey Auditory and Verbal Learning Test (RAVLT) ○ Rey Complex Figure Test and Recognition Trail (RCFT) • **Processing Speed and Attention** ○ Continuous Performance Test (CPT-3) ○ Paced Auditory Serial Addition Test (PASAT) ○ Colour Trails Test (CTT 1 and 2) • **Language and Fluency** ○ Controlled Oral Word Association Test (COWAT) • **Effort and Symptom Validity** ○ Test of Memory Malingering (TOMM) ○ Victoria Symptom Validity Test (VSVT) ○ Rey 15-Item Memory Test • **Mood and Personality** The area of insult will be predictive of personality problems and can be confirmed by collateral information and/or an MRI scan. If relevant, assessments may include ○ Personality Assessment Inventory (PAI) ○ Millon Clinical Multiaxial Inventory-III (MCMI-III) ○ MMPI-2-RF® / MMPI®-2 **C. Functional Impairment** Reports must describe how neurocognitive deficits impact • **Specific academic impact** • Daily functioning • Communication or language *(if applicable)* **D. Treatment Context** Include • Relevant medical history • Medication regimen and side effects • Prognosis **E. Eligibility for Concessions** Clear, evidence-based justification for • **Why academic concessions are required despite treatment** • How the cognitive/functional limitations justify specific accommodations (e.g., additional time, breaks, assistive technology)
Specific Psychiatric Disorders: Mood / Anxiety-related disorders	**Eligibility Clarification** A mental disorder or psychological condition that can be or is currently being effectively managed through appropriate treatment (e.g., pharmacotherapy, psychotherapy, or other interventions) **does not** justify the granting of academic concessions Where documented treatment has proven ineffective, concessions may be granted only upon submission of **comprehensive evidence** that (1) demonstrates the condition's persistent **functional impairment** on

academic performance and participation, and (2) confirms the student's **consistent adherence to evidence-based interventions** as prescribed by HPCSA-registered practitioners

Guidelines for Supporting Documentation

1. Psychiatrist's Report

A comprehensive and detailed report from an HPCSA registered psychiatrist, based on recent assessment, must include

- **Diagnosis**

  DSM-5, including the date of initial diagnosis and date of most recent evaluation
- **Treatment Plan**

  Description of current interventions (e.g., medication, hospitalization, etc.), including
  - Start date and duration of treatment
  - Type, dosage, and adherence to medication
  - History of therapeutic response and side effects (if any)
  - Prognosis and rationale for why the current treatment is deemed ineffective
- **Functional Impairment**

  Specific explanation of how the condition impacts the student's cognitive, emotional, or behavioural functioning during academic tasks (e.g., sitting for an exam) – **specific academic impact**
- **Proposed Concessions**

  Clear motivation for requested accommodations (e.g., additional time, separate venue, rest breaks), with reference to how such measures would address functional impairment

2. Psychologist's Report

A comprehensive report from an HPCSA registered clinical or counselling psychologist, based on recent assessment (preferably within the past 3–6 months), should include

- **Clinical Interview** findings and behavioural observations
- **Background and case history**, including onset and course of condition
- **Therapeutic progress**

  Information on the nature, duration, and consistency of psychotherapy, client commitment, progress, and prognosis
- **Functional Impairment**

  Assessment of how the condition impairs the student's academic functioning (e.g., sustained attention, executive functioning) – **specific academic impact**
- **Collateral Information**

  Review and integration of relevant medical and psychiatric records
- **Recommendations**

  Specific academic concessions that will be requested, justified based on the functional impairment and specific academic impact

- **Psychometric Assessment**

A full diagnostic evaluation according to the stipulations listed (Sections A–F) before Table 1 is required

Acceptable assessments may include

- Structured Clinical Interview for DSM-5 (SCID-5) *(not for standalone use)*
- **Symptom Inventories** *(not for standalone use)*

	○ Beck Depression Inventory (BDI) ○ Beck Anxiety Inventory (BAI) ○ SCL-90- Symptom scale of DeRogatis ○ Patient Health Questionnaire (PHQ) ○ Hamilton depression/anxiety scales HAM-D/HAM-A *(severity indicator in support of above)* • **Personality and Clinical Assessment** ○ MMPI-2 / MMPI-2-RF ○ Millon Clinical Multiaxial Inventory-III (MCMI-III) ○ Personality Assessment Inventory (PAI)
All Categories	All submitted documentation must comply with the stipulated requirements in Sections A–F This includes current assessments conducted within the last 18 months, diagnostic verification using DSM-5-TR criteria, and detailed evidence demonstrating significant academic impairments as the primary focus

7. CONCLUSION

In line with relevant constitutional and statutory provisions, relating to the Right to Privacy, any and all communication and/or correspondence will only be entered into with the applicable student/applicant. No communication with third parties (including, but not limited to: parents, guardians, spouses, family members) will be permitted and/or accepted.

Before professional services can be rendered in this regard, informed consent will be required from the applicant with specific reference to the following:

a) the disclosing of the information relating to his/her disabilities/disorders, diagnostic reports, and academic progress information to the Disability Rights Unit coordinator, concession coordinator, exam center, concession panel, relevant NWU SALA operations staff (including faculty administrators), relevant Student Counselling and Development staff, relevant infrastructure-, maintenance- and facilities staff, relevant administrative staff, and relevant academic staff members;

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 be a need to do so;

c) the disclosing of the nature and duration of concessions granted on the internal NWU system and internal documentation (such as student records, SIS, etc.);

d) the disclosure of the applicant's disability/disorder status, course of study and/or contact details, to the NWU People and Culture (P&C): Learning and Development division, if so, requested by (P&C), for consideration of possible candidates that might qualify for internships and/or employment opportunities with the NWU.

The applicant is advised that all information provided in the application and accompanying documentation must be true, correct, and complete. The provision of false, misleading, or incomplete information may result in the withdrawal of concessions granted, disciplinary action, and/or other consequences as determined by the NWU.

Expect communication regarding the concession panel decision within four weeks after the application closing date. Note that communication ONLY takes place to the student's official MYNWU Outlook email address (studentnumber@mynwu.ac.za).

For further inquiries, please contact the respective Disability Rights Unit Coordinator at Student Counselling and Development.

Potchefstroom Campus / Distance Learning

- Building F18, G09
- Telephone: +27 (0)18 299 4431/2893
- Email: drupotch@nwu.ac.za
- Email: concessionspotch@nwu.ac.za

Whilst the alignment of institutional concession procedures is in progress, Mahikeng and Vanderbijlpark campus students are requested to contact their respective Disability Rights Units (DRUs) for campus-specific procedures and the relevant application forms.

Mahikeng Campus

- Building: Building A1, G49
- Telephone: +27 (0)18 389 2365
- Email: vida.mutlaneng@nwu.ac.za
- Email: MC-SCD@nwu.ac.za

Vanderbijlpark Campus

- Building A14, Split-level 3, Office 331
- Telephone: +27 (0)16 910 3194/3058
- Email: disabilityvaal@nwu.ac.za
- Email: scdvc@nwu.ac.za