

**APPLICATION TO VIEW FINAL ASSESSMENT SCRIPT
JUNE/SEPTEMBER/NOVEMBER**

COMPLETE A FORM FOR EACH SUBJECT

SURNAME:		
NAME:		
STUDENT NUMBER:		
ADDRESS:		
	POSTAL CODE:	
CONTACT NUMBER:	CELL -	
QUALIFICATION:		
SUBJECT NAME:		
SUBJECT CODE:		
DATE OF ASSESSMENT:		
NAME OF EXAMINER:		

GENERAL CONDITIONS:

1.	The request to view an assessment script is subject to the provisions stated in the CPUT Academic Rules & Regulation (G6, rule 6.26) page 30
2.	Cost: R315 per subject
3.	Closing date: First 2 weeks of academic term/semester
4.	Cape Peninsula University of Technology cannot be held responsible for any delay in the review process as the external examiners used are not directly answerable to CPUT

Banking details: CPUT Absa bank Account or CPUT Cashiers Office (Receipt Copy)

Absa Bank, Branch Code: **632005**, Account No: **4053548518**, Reference No: **Student No.**

DECLARATION:

I hereby declare that I have been fully informed regarding all the aspects of the application to view an assessment script and I have read and understand the relevant rules. I accept the conditions of the CPUT Rules.

SIGNATURE APPLICANT

DATE

PAYMENT - FOR OFFICE USE ONLY (Cashiers)				
APPROVAL (Signature)				
RECEIPT NO		DATE		AMOUNT
				R315

REVIEWED RESULTS - FOR OFFICE USE ONLY (Academic Department)			
DATE VIEWED:			
REMARKS:	<hr/> <hr/>		
SIGNATURE OF EXAMINER		DATE:	

Due to the Protection of Personal Information Act (POPIA), you are required to sign this letter in order to provide consent/permission to have your Financial Statements released to a possible donor
The Parties agree that they may obtain personal information during the duration of the Agreement for the fulfilment of the rights and obligations contained herein and may further only process such information for the specific purposes of complying with their obligations in terms of this Agreement

The Procedure for a Replacement Certificate/Diploma/Degree:

The attached application form must be completed.

The procedure to obtain a Replacement Certificate, Diploma or Degree is as follows:

- Please send your original documents to **Assessment and Graduation Centre** or email to agcinfo@cput.ac.za
- The Course Co-ordinator of the course will be able to help you in this regard.
- If you have any further queries concerning the above procedure, please send an email to agcinfo@cput.ac.za
- An affidavit from the nearest Police Station, to indicate why need a replacement certificate.
- If you are married include your maiden surname on the affidavit as well

NB: An Affidavit must be an original form or emailed if you do not reside in Cape Town

- Copy of your Identity Document
- Payment of R400.00 to CPUT Absa bank Account or CPUT Cashiers Office (Receipt Copy)

Account details are as follows:

- Bank: Absa Bank
- Branch Code: 632005
- Account No: 4053548518
- Reference No: Student No.

Please ensure that a copy of the receipt is attached to your application

REQUEST FOR A REPLACEMENT CERTIFICATE

SURNAME:	
NAME:	
STUDENT NUMBER:	
IDENTITY NUMBER	
MAIDEN SURNAME:	
CURRENT PHYSICAL ADDRESS:	<hr/> <hr/> <hr/>
	POSTAL CODE: _____
TELEPHONE: (CELL)	
TELEPHONE: (WORK)	
EMAIL ADDRESS	

QUALIFICATION DATE	QUALIFICATION RECEIVED	CERTIFICATE NUMBER
FOR OFFICE USE		
PAYMENT: R400 PER QUALIFICATION		
RECEIPT NUMBER:		DATE:
FOR THE AMOUNT OF	R	
CASHIER'S SIGNATURE		
REPLACEMENT CERTIFICATE FINALISED/ISSUED OR POSTED		
SIGNATURE: _____		DATE: _____
AGC GRADUATION OFFICER		
COMMENTS: _____		

In compliance with the POPI Act, CPUT acknowledge that your information is private and confidential and will not be shared with any third party without your consent.