

The information completed below will be regarded as supplementary data, in conjunction with the reason(s) the student has furnished for their academic underachievement. It will be collectively assessed with other academic and non-academic factors to ascertain the student's readiness to resume full-time studies at Stellenbosch University (SU), with a substantial likelihood of success. The University reserves the right to investigate the validity of a medical certificate and to make a final decision informed by the investigation. All information provided will be treated with the utmost confidentiality.

PART A: STUDENT PERSONAL DETAILS (TO BE COMPLETED BY THE STUDENT)

Student Name	
Student Surname	
SU Student Number	
Applicable Degree	

PART B: PRACTITIONER DETAILS (TO BE COMPLETED BY THE MEDICAL/HEALTHCARE PRACTITIONER)

Name of Practitioner			
Registration Category			
Registration Number		Practice Number	
Contact Number		Email Address	
Practitioner Stamp	If stamp is not available, please complete the above Practitioner Details section in full		
I certify that I examined this student on the following date	DD / MM / YYYY		
Date of student's first appointment at my practice	DD / MM / YYYY		
Date this report was completed	DD / MM / YYYY		
Declaration of potential conflict of interest (mark with an "X" where appropriate)	☐	I am NOT a relative, friend or employer	
	☐	I am a relative, friend or employer (please specify relationship below)	
	☐		

PART C: REGISTERED MEDICAL/HEALTHCARE PRACTITIONER'S IMPACT STATEMENT

Presenting problem(s):
Differential diagnosis (if applicable):

Date(s) of follow up appointment(s) (if applicable):	
Nature of intervention provided:	
Outcome of intervention provided:	
Intervention and/or follow-up plan (with dates):	
Referrals made (if applicable):	
Any other information/comments (if applicable):	
Considering the information provided, and in my professional opinion, I recommended that: (mark with an "X" where appropriate)	
X	The student is ready to return to full-time studies at SU.
X	The student is ready to return to full-time studies at SU, but must receive the following support (list below):
X	The student is <u>NOT</u> ready to return to full-time studies at SU and should consider the following (list below):
X	I am not able to make a recommendation regarding the student's readiness to return to full-time studies at SU, for the following reason(s) (list below):
Consent was given to me by _____ (insert full name of student) to share this information with the Readmission Appeals Committee of Stellenbosch University (RAC). Should further information regarding this information be required by the RAC, I can be contacted, as discussed with the abovementioned individual. The University also reserves the right to investigate the validity of a medical certificate and to make a final decision informed by the investigation. By signing this document, I declare that the above information is accurate, and that the recommendation(s) made is in the best interest of the aforementioned student. _____ Signed by Medical / Healthcare Practitioner	