UNISA
university
of south africa
MUSIC

FORM G

UNISA MUSIC EXAMINATIONS

REQUEST FOR ACCESS TO A COPY OF A THEORY OF MUSIC EXAMINATION SCRIPT IN RESPECT OF SECTION 18(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, ACT NO 2 OF 2000 (Regulation 6)

Issued only to the student, or the parent/guardian if the student is a minor

A PARTICULARS OF STUDENT REQUESTING ACCESS TO A COPY OF AN EXAMINATION SCRIPT			
Surname and full names of student			
Unisa registration number			
ID No			
Postal address			
		Postal code	
Tel/Cell/Mobile no			
Email			

Please indicate how you would like to receive the copy of your examination script. Photocopies of examination scripts are mailed via registered mail.

email ☐   Mail ☐

B PARTICULARS OF EXAMINATION SCRIPT AND REASON FOR REQUEST	
Paper and Code	
Examination Year and Session	
Reason for requesting information	

C FEES

The fee payable for access is R 90.00 per application of the examination script.

D FORM OF ACCESS TO SCRIPT

If you are prevented by a disability to read or view the copy of the examination script, state your disability and indicate in which form the copy of your examination script is required.

Disability	
Alternative form required	

E DECLARATION

I hereby declare that I am the requester of the examination script and that the information as supplied is true and correct.

Signed at _____ this _____ day of _____ 20 _____.

_____   _____
SIGNATURE (REQUESTER)   RELATIONSHIP TO STUDENT

Banking details:
Bank: First National Bank
Acccount holder: UNISA Income Account
Account no: 627 9962 5200, Branch code: 250645 (Sunnyside), Swift code: FIRNZAJJ (for international deposits)
Reference: Surname and initials of student or parent

Email this form with proof of payment to adamssa@unisa.ac.za