



## APPLICATION FOR DEFERRED ADMISSION

NOTE: The completed form as well as the supporting document/s must be sent to:  
[registrations-fhs@wits.ac.za](mailto:registrations-fhs@wits.ac.za)

Surname	<input type="text"/>		
First Name	<input type="text"/>		
Person Number	<input type="text"/>	Mobile number	<input type="text"/>
Programme	<input type="text"/>		
Reason for request	<input type="text"/>		

The following should be attached to this form:

- Letter of Motivation
- Proof of activity to be undertaken

---

***For Office use only***

Please mark with X

APPROVED

DECLINED

Comments

FULL NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_