Text

Description automatically generated

Application for Interruption / Extension / Termination of Studies

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| --- | --- | --- | --- | --- |
| Faculty |  | | | |
| Department |  | | | |
| **Qualification for which student is registered** | |  | | |
| **Offering type** | **Full time registration** |  | **Part time registration** |  |
| **Prior qualification** | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Surname |  | | | | **Student No.** | |  | |
| First Names |  | | | | Title (Mr, Ms) | |  | |
| Postal Address |  | | | | | | | |
| **Tel (W)** | **Tel (H)** | | Cell | **Fax** | | e-Mail | | |
|  |  | |  |  | |  | | |
| **Title of Dissertation/ Thesis** | |  | | | | **Full** | |  |
| **Partial** | |  |
| **Dissertation/Thesis** | | |

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| Please indicate which you are applying for and complete the relevant section below. | Interruption |  | Extension |  | Termination |  |

|  |  |  |
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| Period for which you would like to apply for an **interruption** in studies. | From \_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yy) | To \_\_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yy) |

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| Reason for **interruption** in studies (Medical certificates to be attached if applicable) |
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| Period for which you would like to apply for an **extension** of studies | From \_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yy) | To \_\_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yy) |

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| Reason for **extension** of studies (Medical certificates to be attached if applicable) |
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| Proposed date of **termination** of studies | Date: \_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yy) |

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| Reason for **termination** of studies (Any relevant documentation to be attached) |
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| Supervisor | | |  | | | | | |
| Position | | |  | | | **Present Qualifications** | |  |
| **Tel (W)** | **Tel (H)** | | | Cell | | | **Fax** | e-Mail |
|  |  | | |  | | |  |  |
| Co-Supervisor | | |  | | | | | |
| Position | | |  | | | **Present Qualifications** | |  |
| **Tel (W)** | | **Tel (H)** | | | Cell | | **Fax** | e-Mail |
|  | |  | | |  | |  |  |

It is recommended that the application for interruption/extension/termination of studies be:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approved |  |  | Not Approved |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Supervisor)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Co-Supervisor)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(HoD)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Faculty Board)

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| **Date of FRC approval** |  |

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| **Routing** | **Student** |  | **Supervisor** |  | **HoD** |  | **FRC** |  |