



APPLICATION FOR EXTENSION OR INTERRUPTION (ABEYANCE) OF STUDIES

FACULTY:	
STUDENT NUMBER:	
INITIALS & SURNAME:	
DEPARTMENT:	
DEGREE:	
FIRST YEAR OF REGISTRATION:	
PERIOD OF EXTENSION/ABEYANCE REQUESTED e.g (6 MONTHS):	
REASON / MOTIVATION FOR EXTENSION / INTERRUPTION OF STUDIES:	
SIGNATURE OF STUDENT:	

ONLY APPLICABLE TO POSTGRADUATE STUDENTS:	
SUPERVISOR:	
CO-SUPERVISOR:	
APPROVED TITLE:	

* **PLEASE NOTE THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS REQUEST:**

- A written, signed request from the student
- Global/ Academic record of student
- Progress report (only for Postgraduate students)

APPROVAL:

APPROVAL OF:	INITIALS AND SURNAME:	DATE:	SIGNATURE:
SUPERVISOR (Postgraduate only)			
HOD			
FACULTY OFFICER			