Π	Stellenbosch	ΔΡΡΙΙ
	UNIVERSITY	
U)	IYUNIVESITHI UNIVERSITEIT	

## - PG13 -APPLICATION FOR INTERRUPTION OF POSTGRADUATE STUDIES

(June 2023)

STUDENT NAME:			SU NUMBER:	
PROGRAMME:				
START YEAR:	FUL	L-TIME:	PART-TIME:	
INTERRUPTION:	(yea	ar)		
SUPERVISOR(S):				

NB: Please include supporting documentation for the delay, where applicable.

**Motivation for the interruption of studies**. {If the reasons are of a personal or very sensitive nature, the student may choose to discuss it in person with his supervisor, the postgraduate coordinator, or the departmental chair. The departmental chair will then discuss it with the Vice-Dean (Research and Industry Liaison)}.

## **SIGNATURES**

STUDENT:	SUPERVISOR:	
DATE:	DATE:	
SIGNATURE:	SIGNATURE:	
CO-SUPERVISOR 1:	<b>CO-SUPERVISOR 2:</b>	
DATE:	DATE:	
SIGNATURE:	SIGNATURE:	
PG COORDINATOR:		
DATE:		
SIGNATURE:		

RECOMMENDATION BY THE DEPARTMENT					
The Departmental I	Management Committee approves the application	YES	NO		
DEPT. CHAIR:					
DATE:					
SIGNATURE:					