

STUDENT NAME:	<input type="text"/>	SU NUMBER:	<input type="text"/>
QUALIFICATION:	<input type="text"/>		
PROGRAMME:	<input type="text"/>		
START YEAR:	<input type="text"/>	FULL-TIME:	PART-TIME:
INTERRUPTION:	<input type="text"/>	(year)	

SUPERVISOR(S):

SUPERVISOR:	<input type="text"/>
CO-SUPERVISOR 1:	<input type="text"/>
CO-SUPERVISOR 2:	<input type="text"/>
CO-SUPERVISOR 3:	<input type="text"/>

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 their supervisor, the postgraduate coordinator, or the departmental chair. The departmental chair will then discuss it with the Vice-Dean (Research and Industry Liaison)).

COMMENTS:

<input type="text"/>

SIGNATURES

STUDENT:	<div></div>	SUPERVISOR:	<div></div>
DATE:	<div></div>	DATE:	<div></div>
SIGNATURE:	<div></div>	SIGNATURE:	<div></div>
CO-SUPERVISOR 1:	<div></div>	CO-SUPERVISOR 2:	<div></div>
DATE:	<div></div>	DATE:	<div></div>
SIGNATURE:	<div></div>	SIGNATURE:	<div></div>
CO-SUPERVISOR 3:	<div></div>	PG COORDINATOR:	<div></div>
DATE:	<div></div>	DATE:	<div></div>
SIGNATURE:	<div></div>	SIGNATURE:	<div></div>

RECOMMENDATION BY THE DEPARTMENT

The Departmental Management Committee approves the application	YES	NO
DEPT. CHAIR:	<div></div>	
DATE:	<div></div>	
SIGNATURE:	<div></div>	
