

REQUEST TO SUSPEND STUDY

Student Name	Student ID No	Programme
Concentration	Mode of Study Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	

REASON FOR SUSPENSION OF STUDY

Reason	Code		Intend to Return	Code	
Academic	(AC)	<input type="checkbox"/>	Next Term	(NT)	<input type="checkbox"/>
Employment	(EM)	<input type="checkbox"/>	Next Academic Year	(AY)	<input type="checkbox"/>
Personal/Family	(PD)	<input type="checkbox"/>	Not Known	(NK)	<input type="checkbox"/>
Transportation	(TR)	<input type="checkbox"/>			
Other	(OT)	<input type="checkbox"/>			
Specify.....			Specify.....		

PERSONAL TUTOR/DIRECTOR OF STUDIES AND/OR STUDENT COMMENTS

STUDENT DECLARATION

I hereby notify the University that I am suspending my studies and I acknowledge that I have been informed of the programme duration policy, and any financial obligations.

Student

Date

AUTHORISATION

_____ Personal Tutor/Director of Studies	_____ Date	Library Books Returned <input type="checkbox"/> Fines Paid <input type="checkbox"/>
_____ Head of Programme/ Programme Coordinator	_____ Date	_____ Librarian
_____ Dean	_____ Date	Student ID Card Returned <input type="checkbox"/> _____ Head of Student Administration

FOR OFFICE USE ONLY

Finance _____ Date _____

Office of Quality _____ Date _____

Status change on ARMS on _____ by _____

Notified student via email on _____ by _____

Notified student via registration team on _____ by _____