

SECTION B: (to be completed by Head or P/G Coordinator of Department/School/Centre)

The request is Supported Not Supported (tick as appropriate)

Comments: _____

Signature: _____ Date: _____

**PLEASE FORWARD THE COMPLETED FORM TO THE
POSTGRADUATE SECTION, FACULTY OF ARTS, MAIN QUAD A14**

SECTION C: (to be completed by Faculty Office)

RECOMMENCEMENT:

Student advised of enrolment venue and times: _____

Backpage done: _____

FURTHER SUSPENSION:

Total Period Of Previous Suspensions: _____

Further Suspension Approved: _____

New Completion Dates: Earliest Date: _____ Latest Date: _____

Associate Dean's/Dean's Signature: _____ Date: _____

DISCONTINUATION:

Discontinuation Noted: _____

Associate Dean's/Dean's Signature : _____ Date: _____

Postgraduate Matters Committee (where applicable): _____

