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| Suspension of registration request  Please type or write clearly in BLOCK LETTERS.  Please submit this form by **fax to 046 603 8104 or email to** [**academicadmin@ru.ac.za**.](mailto:academicadmin@ru.ac.za) Please note that the Registrar’s Division has adopted e‐mail as their primary method of communication with students. We will use @campus.ru.ac.za e‐mail addresses for this purpose, and students using other addresses (yahoo, etc) are advised to ensure that their campus e‐mail address forward to the other address. (Hard copies of such correspondence can be supplied on request to our office). |
| **Information** |
| **Student Name:**  *First Name Middle name/s or Initial Surname*  **Student Number: Contact telephone number**: **E‐mail Address:**  **Degree: Department: Name of Supervisor:**  **Email address for Supervisor:** |
| **Motivation/Reason for suspension** |
| I hereby request to suspend my registration for the Academic Year.  ***\*Please attach any relevant medical certificates or supporting documents to this form***  SIGNATURE OF STUDENT: DATE: |
| ***FOR OFFICE USE ONLY:*** |
| Delete the whichever does not apply i.e. APPROVED/~~NOT APPROVED~~  **Supervisor’s recommendation (APPROVED/NOT APPROVED) SIGNATURE:**  **HOD’S recommendation (APPROVED/NOT APPROVED) SIGNATURE:**  **Dean’s recommendation (APPROVED/NOT APPROVED) SIGNATURE:**  Comments/Notes: |

*Updated: 04/12/2015 DP*

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