

Suspension of registration request

Please type or write clearly in BLOCK LETTERS.

Candidates wishing to suspend their registration must give notice in writing to the Registrar before 15 February of each year.

Please submit this form by email to academicadmin@ru.ac.za. Please note that the Registrar's Division has adopted e-mail as their primary method of communication with candidates.

Note: Suspension requests received after 28 February are exceptional and require full motivation and relevant supporting documentation.

Information		
Student Name:		
First Name	Middle name/s or Initial	Surname
Student Number:	Contact telephone number:	
E-mail Address:		
Degree:Year of study:	(e.g. 1st, 2nd) Department:_	
Name of Supervisor:	Name of Co-Supervisor:	
Email address for Supervisor:	Email of Co-Superviso	or
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/	[/] NO T APPROVED	
Supervisor's recommendation (APPROVED/NOT API	PROVED) SIGNATURE:	DATE
HOD'S recommendation (APPROVED/NOT APPROVE	ED) SIGNATURE:	DATE
Dean's recommendation (APPROVED/NOT APPROV	ED) SIGNATURE:	DATE
Comments/Notes:		
Registrar's recommendation (APPROVED/NOT APPR	ROVED) SIGNATURE:	DATE
Registrar's recommendation (APPROVED/NOT APPROVED) SIGNATURE:DATE		