

REQUEST FORM FOR A SUSPENSION OF STUDIES (FOR UNDERGRADUATE & POSTGRADUATE COURSES)

To be submitted to Home Faculty/Institute/Centre/School.

StudentDetails

Full Name: _____
Last First Student I.D / I.D Card No.

Course and Year of Intake: _____

Date: _____ Signature: _____

Details of Request

Reason for requesting a suspension: *(Please attach any relevant documentation, if applicable)*

Suspension start date*: _____ Suspension end date*: _____

Students are allowed a suspension of studies for a maximum of 12 months once only during the Full-time or Part-time course.

For Office Use ONLY

Suspension: Approved Not approved by F/I/C/S Board Date: _____

Suspension of studies granted due to the pandemic (COVID-19) situation

Comments: _____

Suspension start date*: _____ Suspension end date*: _____

**Please indicate the first day of the month and year only.*