

Recommendation for suspension of registration for graduate students

Please note that a suspension of registration may be recommended only if it begins during a candidate's period of full-time or part-time registration

Student's surname(s):	
Student's forename(s):	
Student's Number:	
Student's current address for correspondence:	
Department:	
Degree for which registered:	
Date registration began:	
Current end of registration:	
Mode of attendance:	FT PT mixed FT/PT (<i>delete as appropriate</i>)
Name of supervisor:	
Source of funding:	
Duration of proposed suspension of registration (whole months please):	Start date: End date:

Student Administrative Services use only

Board for Graduate Schools approval:

Name: _____ Signed: _____ Date: _____

Comments:

Suspensions will be granted for compelling medical or personal reasons only. These include:

- Medical
- Personal
- Financial
- Unexpected academic circumstances
- Exceptional circumstances arising from employment

Please list the independent supporting evidence to be submitted:

NB Forms submitted without independent supporting evidence will be returned.

Please give a full statement of the reasons for the suspension, the duration required and why that amount of time is needed:

A signed statement or an email message from the student giving reasons for the proposed suspension which includes the proposed start and end dates must be attached to the form.

Are there any academic conditions, which must be met before the student can resume their registration and studies? YES/NO

(If YES, please specify and give reasons for the condition(s))

NB Unless a condition is set, the student must not participate in any work, study or research related to their registration during their period of suspension.

Authorisation of Chair of departmental Graduate School Board/Board of Studies *(delete as appropriate)*

Department:

Name:

Signature:

Date:

Please return the completed form to Student Administrative Services

