

UNIVERSITY OF LIMPOPO



APPLICATION FOR INTERRUPTION OF ENROLMENT

SECTION A: TO BE COMPLETED BY STUDENT

Surname & Initials		Student No	
Degree Programme		Year / Level	
Address			

I HEREBY REQUEST THE FOLLOWING:

1. Interruption of studies for one year NB: Note the final date for interruption of studies in the General Calendar. After the final date you will be liable for all fees. Application for admission will be required if interruption is longer than one year	
Interruption of academic year, eg. 2006	
Reason for Interruption:	
2. Cancellation of enrolment NB: Note the final date for cancellation of enrolment in the General Calendar. After final date you will be liable for all fees	
Cancellation of enrolment w.e.f.	
Reason for cancellation:	
I fully understand the implications of the above change on my study programme	
SIGNATURE:	DATE:

SECTION B: TO BE COMPLETED BY FACULTY ADMINISTRATION

DEAN/ DIRECTOR:	DATE:	FACULTY STAMP
FACULTY ADMINISTRATION:	DATE:	
REMARKS:		
Cc: Student Records Residence Administration Financial Aid Office Finance		