APPLICATION FOR APPROVAL TO COMPLETE HONOURS OVER TWO YEARS

This form must be lodged at the Faculty Office.

STUDENT NUMBER: ________________________________

LAST NAME:_______________________________________

FIRST NAMES:_______________________________________

PROGRAM:________________________________________

SPECIALISATION: (e.g. Applied Maths, Statistics)__________

NUMBER OF SEMESTERS: (three or four semesters)_____________________

Reason:
Grounds for application may involve work commitments, or existing academic, social, medical and /or disability considerations. Supporting documentation must be attached.

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Student’s Signature:_________________________ Date: ____________

Office Use Only

Faculty Decision: Approved Not Approved

Signature:__________________________________________________ Date: __________