APPLICATION FOR APPROVAL TO COMPLETE HONOURS OVER TWO YEARS

Faculty Student Office
FACULTY OF ENGINEERING
COMPUTER & MATHEMATICAL SCIENCES

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*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: _____