

UNIVERSITY OF LIMPOPO



APPLICATION FOR TERMINATION / INTERRUPTION OF ENROLMENT

SECTION A: TO BE COMPLETED BY STUDENT

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|-------------------------------|-------------|---------------------|-----------|
| Surname & Initials | T.T SHOMANG | Student No | 202270678 |
| Degree Programme | | Year / Level | |
| Address | | | |
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I HEREBY REQUEST THE FOLLOWING:

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| 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: | |
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| | |
| 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: | |
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| I fully understand the implications of the above change on my study programme | |
| SIGNATURE: | DATE: |

SECTION B: TO BE COMPLETED BY FACULTY ADMINISTRATION

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| DEAN/ DIRECTOR: | DATE: | FACULTY STAMP |
| FACULTY ADMINISTRATION: | DATE: | |

REMARKS:

Cc: Student Records Residence Administration
 Financial Aid Office Finance