Application for Something

<u>Notes</u>: Requests for something should be made at least <u>two months</u> in advance. Approval of such requests is subject to the availability of a student quota and the recommendations of the relevant parties.

Name:	Student No.:	Department/School:
Commencement Date:	Programme: MPhil/PhD*	Mode of Study: FT/PT*
Study Period End Date:	Email:	Contact No:
ection B Details of Application		
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Please pass this form to your Qualifying Panel for recommendation.

Date

Signature of Student

Section C	Recommendations	by the Qualifying	Panel (*Ploaco	delete as appropriate)
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Applications for something would only be considered if the student has made good progress in his/her studies and can produce a feasible study plan.

Sample

Supervisor/Chair, Qualifying Panel	Signature	Date
Qualifying Panel Member	Signature	Date

Please forward this form to Department Head.

I endorse/do not endorse* the recommendation of the Qualifying Panel.	
Sample	

Section D Comments by the Department Head (*Please delete as appropriate)

Please return this form to School of Graduate Studies for record.

Signature of Department Head

Date