



APPLICATION TO DISCONTINUE STUDY

SECTION A: TO BE COMPLETED BY THE STUDENT

Name:	Matric No:
Programme:	Number of Semester:
Tel. No.:	Address:
E-Mail:	
Structure of Study: * <input type="checkbox"/> Coursework <input type="checkbox"/> Coursework and Dissertation <input type="checkbox"/> Research	Mode of Study: * <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Reasons for discontinue (please use additional paper if necessary):

Signature:	Date:
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SECTION B: APPROVAL BY THE DIRECTOR OF POSTGRADUATE STUDIES UNIT, UUMCOB

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature & Stamp: Date:
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FOR OFFICE USE ONLY

Received date:	Signature & Stamp:
Recorded Date:	

* Tick wherever appropriate