

Application for Discontinuation of Studies

DEGREE _____

INSTITUTE/DEPARTMENT _____
FACULTY _____

1. Name of Student. _____
2. Registration
Number _____

3. Number of Semesters Completed
4. Semester for which studies are to be discontinued
5. Specific reasons for discontinuation of studies (give details)

SIGNATURE OF THE APPLICANT

Comments and recommendations of the Supervisor:

- a) Performance in course work program:
- b) Performance in Research (Time spent and result achieved):
- c) General remarks:
- d) Any other remarks:

SIGNATURE OF THE SUPERVISOR

Remarks of the Chairperson of the Department:

Remarks of the Dean of the Faculty:

Note: The discontinuation of studies will be allowed for one semester only.