



Suspension of Studies request form

Student Name:

ID Card Number:

Course Name:

Course Start Date:

Description of Request:

Reason for Request:

Personal health problems

Unexpected work commitments

Family commitments

Other extenuating circumstances

If “other extenuating circumstances” was selected above, please specify:

I declare that ALL of the information provided above is TRUE and CORRECT

Student signature

Date of application

FOR OFFICE USE ONLY

Extension approved:

Yes

No

Reason:

Date of Decision

Signature