

Dear Student

# APPLICATION FOR EXTENSION OF THE STUDY PERIOD

Our records indicate that you have not submitted examination copies and might thus be considering re- registration for the following year. In order to re-register, the following regulations apply:

# Master’s programmes

Your registration for a third and subsequent years will only be renewed when the Student Administration of the Faculty receives a written motivation, including a timeline indicating potential completion date that is accepted by your supervisor and the head of department.

# Doctoral programmes

Renewal of your registration for a fourth and subsequent years will only take place when the Student Administration of the faculty receives a written motivation, including a timeline indicating potential completion date that is supported by your supervisor and the head of department.

Final approval by the Postgraduate Committee is required before the registration can be finalised.

This might necessitate further discussion with your supervisor, head of department and the chairperson of the Postgraduate Committee.

If the above applies to you, you can complete and send the attached application form for the extension of the study period with supporting documentation to your Student Administration by no later than 15 February.

Appexp:20130512CBv01

**University of Pretoria**

**Application for extension of study period**

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| --- | --- | --- | --- | --- | --- |
| **PGDip, Honours and Master's degrees** | | | | | |
| **Student number** | |  | | | |
| **Study programme** | |  | | | |
| **Number of years registered for degree** | |  | | | |
| **Title** | |  | | | |
| **Initials and surname** | |  | | | |
| **Postal address** | |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Email address** | |  | | | |
| **Tel** | |  | | | |
| **Cellphone** | |  | | | |
| **Student (Attach motivation)** | | | | | |
| **Planned date of completion** | |  | | | |
| **Signature** | |  | | | |
| **Date** | |  | | | |
| **Supervisor Comments** | | | | | |
| **(State special conditions)** | | | | **Unofficial** | |
|  | | | | Full-time | Part-time |
| **Name of supervisor** | | | |  |  |
| **Signature** | |  | | | |
| **Planned date of completion** | |  | | | |
| **Head of department/SHSPH TLC** | | | | | |
| **Recommendation** | | | | | |
| **Progress acceptable** | **No communication** | | **Reason for concern** | | |
|  |  | |  | | |
| **Signature** | | |  | | |
| **Date** | | |  | | |
| **Dean Decision** | | | | | |
|  | | | | | |
| **Signature** | | |  | | |
| **Date** | | |  | | |

*\*Please complete electronically (Handwritten will not be allowed)*