University of Pretoria

SHSPH Application for Period of Leave of Absence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post Graduate Students | | | | |
| Student number |  | | | |
| Study Plan |  | | | |
| Student Title |  | | | |
| Student Name and Initials |  | | | |
| Student Surname |  | | | |
| Contact Numbers |  | |  | |
| Email address |  | | | |
| Period of leave of absence | From: | To: | | Total period of absence |
| **Motivation** (Reasons for absence and planned date of completion of studies. | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Student signature |  | Date | |  |
| Comments/Recommendations by Supervisor/Promotor | | | | |
|  | | | | |
|  | | | | |
| Supervisor/Promotor  Name and Signature |  |  | | Date |
|  |  |  | |  |
| Comments/Recommendations by APC/AAC | | | | |
|  | | | | |
|  | | | | |
| Chairperson APC/AAC  Name and Signature |  |  | | Date |
| Comments/Recommendations by Head of department | | | | |
|  | | | | |
| Head of department  Name and Signature |  |  | | Date |
| Comments/Recommendations by Dean of Faculty | | | | |
|  | | | | |
| Dean of Faculty  Name and Signature |  |  | | Date |

Please send signed form to the secretariat of the APC meeting Mr. Lesiba Mpati, [lesiba.mpati@up.ac.za](mailto:lesiba.mpati@up.ac.za)