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/PromotorName and Signature |  |  | Date |
|  |  |  |  |
| Comments/Recommendations by APC/AAC  |
|  |
|  |
| Chairperson APC/AACName and Signature |  |  | Date |
| Comments/Recommendations by Head of department  |
|  |
| Head of department Name and Signature |  |  | Date |
| Comments/Recommendations by Dean of Faculty  |
|  |
| Dean of FacultyName and Signature |  |  | Date |

Please send signed form to the secretariat of the APC meeting Mr. Lesiba Mpati, lesiba.mpati@up.ac.za