Student Address:

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Dean

Faculty of Health Sciences

University of Pretoria

CC:

TLC/AAC Chair

School of Health Systems and Public Health

University of Pretoria

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| *Student Name and Surname:*  |  |
| *Student Number:* |  |
| *Student Email Address:* |  |
| **Motivation: Application for Extension of Study Period**  |
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*\*\*\*Official Notice: Please ensure that you have included you Gantt chart with your application.*

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Signature: Student Signature:

 Accepted and Approved by Supervisor