



# Termination of Studies

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Client Service Centre

Surname \_\_\_\_\_ Initials \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

Student Number \_\_\_\_\_

Course \_\_\_\_\_

Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## BURSARIES & LOANS

Have you been granted a bursary/loan?  Y  N If yes, please specify \_\_\_\_\_

## RESIDENCE STUDENTS

Name of residence \_\_\_\_\_ Date of departure from residence \_\_\_\_\_

## REASON FOR TERMINATION OF STUDIES

Academic
  Accommodation
  Choice course of study
  Family responsibilities
  Financial reasons
  Health reasons
  Language cumbrance
  Social
  Work obligations

Comments \_\_\_\_\_

## DECLARATION

*The date upon which the University **RECEIVED** notification of the termination of my studies, irrespective of it having been given by post, facsimile, or in person, serves as the date of termination of my studies.*

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_