

HONOURS INTERMISSION OF STUDY APPLICATION FORM

(This form should be completed in consultation with your supervisor and attached to your Revised Honours Program of Study form)

Student Number : _____

Surname: _____ Given Name: _____

Email: _____

Honours in : _____

Supervisor: _____ School(s): _____

Period of Intermission Commences: Semester _____ Year _____

Period of Intermission Ends: Semester _____ Year _____

Student Name: _____ Date: _____

Student Signature: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____

Please submit this form and your revised Program of Study form to Faculty Student Administration, Room EH 2.002