

Section C: (to be completed by candidates applying for permission to complete away only – attach additional information if necessary)

Work already completed (at time of application):

Detailed timetable for completion:

Student Signature: _____ **Date** ___/___/___

Section D: (to be completed by the Supervisor)

Comment on the candidate’s request. If the candidate is requesting permission to count time away or to complete away, specify the arrangements being made to ensure adequate supervision during the relevant period.

The request is: Supported Not supported

Comments:

Signature: _____ Date: _____

Section E: (to be completed by the Head of School)

The request is: Supported Not supported

Comments:

Signature: _____ Date: _____

Please forward to the Student Services Centre, Level 4, Wilkinson Building.

Section F: (to be completed by Student Services Centre)

Total semesters of previous suspensions:

New completion dates: Earliest: _____ Latest: _____

Suspension/ Leave of Absence approved from: _____ to: _____

Permission to count time away from: _____ to: _____

Permission to complete away granted from: _____

Associate Dean’s/ Dean’s Decision:

Approved/ Not Approved _____ Signature & date: _____

Board of Graduate Studies (where applicable): _____