
SECTION 4- PRIMARY SUPERVISOR TO COMPLETE

Name

Faculty/Division

Statement _____ I, _____ have discussed the reasons with the Candidate, and the impact that this request could have on their candidature. I have also discussed the matter with Panel Members and I:

Support the request

Do not support the request for the following reasons:

Supervisor signature

Date

SECTION 5 – HIGHER DEGREES COMMITTEE RECOMMENDATION

Request is approved Yes No

Decision forwarded to student via

Comments or follow up necessary

Date student to recommence

Date reminder letter to be sent

(This should be 1-3 months before recommencement)

Chairperson signature

Date