



IGS/014

APPLICATION FOR DISCONTINUE STUDY

SECTION A: TO BE COMPLETED BY THE CANDIDATE/STUDENT	
Name:	Matric No.:
Programme:	No. of Semester:
Tel. No.:	Address:
E-Mail:	
Mode of Study:* <input type="checkbox"/> Full-time <input type="checkbox"/> Par-time	Structure of Study:* <input type="checkbox"/> Coursework <input type="checkbox"/> Coursework and Dissertation <input type="checkbox"/> Research
Reasons for discontinue (please use additional paper if necessary) :	
Signature:	Date:
SECTION B: APPROVAL BY THE DEAN OF IGS*	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date: Signature & Stamp:
SECTION C: FOR OFFICE (IGS) USE ONLY*	
Received Date:	Signature & Stamp
Recorded Date:	

* Tick wherever appropriate