## Student Application to Suspend Enrolment in MSc Part II

Student ID Number					
Full legal name (first/middle/surname)					
Email address (for all correspondence)					

## College of Science

This form must be co	mpleted by the	applicant.		
That: [Please print full n	ame]:			
Be granted a suspension of Masters Thesis, under Regulation		months from 11 of the MSc Regulati	till ons.	for submission of
On the grounds of:	[Medical, Famil	ly, Financial, or other reason	s: please specify below]	
Original date of enro	lment in MSc	Part II Thesis:		
Existing date for sub	mission of MS	c Part II Thesis:		

Revised date of submission for MSc Part II Thesis

- with eligibility for Honours or Distinction:
- without eligibility for Honours or Distinction:

By submitting this application, I understand that a condition of this suspension is that I will not work on the Thesis during the period of Suspension. I understand that any tuition fee implications should be discussed with Student Administrative Services.

I also understand that the implications for my student allowance and/or loan should be discussed with StudyLink.

## Date:

[Please email this form and any additional supporting documentation to  $\underline{\text{collegeofscience@canterbury.ac.nz}}$ . Please also include your Student ID Number for our reference].

## **College of Science Notes:**

Supporting Material Attached
Student Transcript Attached
Other Notes Attached
Yes
No
Ves
No

Date:



[005]	A C\	650	201
IUUSI	AC	OOU	.ZUI

[005\AC\650.20]						
Head of			Date:			
Approved:	Yes	No	Signature:			
[Please email this form and any additional supporting documentation to <a href="mailto:collegeofscience@canterbury.ac.nz">collegeofscience@canterbury.ac.nz</a> ].						
		Dean of Science	Date:			
Approved:	Yes	No	Signature:			