APPLICATION FOR PERMISSION TO SUBMIT OUTSIDE TWO YEARS AFTER LAPSE OF CANDIDATURE

1 DETAILS OF APPLICATION

Name: .................................................................
Student No.: ............................................................
Faculty: .................................................................
Department: .............................................................

Reason(s) why you were unable to submit within the two years after the lapse of candidature (attach extra sheets if necessary)
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

☐ Please tick if you are requesting a waiver of the late fee and give reasons for the waiver request (attach extra sheets if necessary)
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Signature of Student Date

2 DEPARTMENT/SCHOOL’S RECOMMENDATION

(Please indicate recommendations by ticking the relevant boxes)

☐ The student be permitted to submit

☐ The student NOT be permitted to submit - see comments below (attach extra sheets if necessary)
_______________________________________________________________________________________________________

☐ The late fee be waived

☐ The late fee be collected - see comments below (attach extra sheets if necessary)
_______________________________________________________________________________________________________

Signature of Principal Supervisor Date

Signature of Head /Postgraduate Co-ordinator of Department Date

ONCE SECTIONS 1 AND 2 COMPLETED AND SIGNED, PLEASE RETURN THIS FORM TO GRADUATE STUDIES

3 HIGHER DEGREES COMMITTEE APPROVAL

(Please indicate decision by ticking the relevant box)

☐ The application is approved

☐ The application is not approved - see comments below (attach extra sheets if necessary)
_______________________________________________________________________________________________________

Signature of Convenor, Higher Degrees Committee Date