



Cancellation of studies and accommodation for Higher degree Students

PARTICULARS OF STUDENT:

Faculty: _____ University number: _____

Email address: _____

Surname and Initials: _____

Qualification (e.g. MCom): _____

I confirm that University card was returned in case of cancellation of course: Yes No

Reason for cancellation: _____

Signature of student: _____

CANCELLATION OF CAMPUS ACCOMMODATION

Name of residence: _____

Cancellation date: 20__ / __ / __

Signature of student: _____ Date: 20__ / __ / __

SUMMARY OF INTERVIEW WITH RCS

Confirmation that policy with regards to cancellation of accommodation for the whole year was explained to the resident student. Yes: No:

Amount payable: _____

Comment: _____

Date: 20__ / __ / __

REPRESENTATIVE of RCS

Are room and its contents in order: _____

Breakage: _____

RESIDENCE OFFICER _____ Date: 20__ / __ / __

POST GRADUATE STUDIES AND ORGANISATION

Cancellation was captured on the system Ja/Nee

Date: 20__ / __ / __

For CAMPUS REGISTRAR _____

It is the responsibility of the student to make a copy of the form before handing in the original at Post Graduate Studies and Organisation. (Please note that NO copies will be made by them. The copy must then be stamped by Post Graduate Studies as proof that the form was handed in timely and at the correct counter. It is furthermore the responsibility of the student to ensure that all the amendments were carried out as indicated on the form. If the amendments had not been made, the stamped copy must be shown as proof that the original had been handed in.

Original details: Marietjie Ackermann(10512187) C:\Users\10512187\Desktop\Cancellation of studies and accommodation for Postgraduate Students aaa.docm
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