

Application for Senate Approval of Suspension from Enrolment

For Masters, Bachelors (Honours) Degrees, Postgraduate Diplomas and Postgraduate Certificates

Before applying for a suspension from enrolment, please check *General Regulations – Masters Degrees, Bachelors Honours Postgraduate Degrees, Postgraduate Diplomas or Postgraduate Certificates* in the Academic Statutes and Regulations section of the University Calendar at www.calendar.auckland.ac.nz.

Student's details

| | | | |
|---------------|----------------------|------------|----------------------|
| First name/s: | <input type="text"/> | ID number: | <input type="text"/> |
| Last name: | <input type="text"/> | Programme: | <input type="text"/> |

Concession sought

Enrolment for a Masters Degree, Bachelors (Honours) Degree, Postgraduate Diploma or Postgraduate Certificate will normally be continuous. In **exceptional circumstances**, Senate may grant a period of suspension from enrolment not normally exceeding two consecutive semesters for Masters Degrees, Bachelors Honours Degrees and Postgraduate Diplomas, and not normally exceeding one semester for Postgraduate Certificates.

- Suspension of time from research course: thesis, research portfolio, dissertation or research project; **or**
- Suspension of time from taught course **Note:** If currently enrolled in taught courses, you must delete your courses or, if add/drop deadline has passed, apply for a late deletion at the Records, Enrolment and Fees Office. For more information, please email records@auckland.ac.nz.

Period of suspension requested:
(e.g. semester/s and year)

- Explanation of exceptional circumstances attached
- Independent evidence attached (required)

Student's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Departmental recommendation

Recommended Comments:

Not recommended

Department:

Supervisor's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Head of Department's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Faculty approval

Recommended Comments:

Not recommended

Associate Dean, Postgraduate's name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)

Dean of Graduate Studies' decision

Approved Comments:

Not approved

Dean of Graduate Studies' name: _____ Signature: _____ Date: _____
(dd/mm/yyyy)