

STUDENT DETAILS:

TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.: TUM/Form/SGS/008

Title: APPLICATION FOR INTERRUPTION/CHANGE OF STUDY MODE

Department: SCHOOL OF GRADUATE STUDIES

Issue No. 1 | Revision No. 0 | Date: 5th April 2018

All sections of this form must be completed

SECTION 1 - To be completed by the **CANDIDATE**

Name of Student:		University email address:				
Student Number:		@tum.ac.ke				
Student Tuniber.		(The outcome of your application will be				
		communicated to you via this email address)				
Name of Supervisor(s):		School / Institute:				
Programme:		Stage:		Full Time		
				Part Time		
				Combined		
Sponsor:		Current Thesi	s Submiss	ion Date:		
Is this application being submitted new evidence for a previously su	-			Yes \square	No	
DETAILS OF PERSONAL EXT	TENUATING (CIRCUMSTAN	ICES: (pl	ease tick)		
Medical	Personal		Other	,		
Proposed dates of interruption:			· L			
From:		To:			(D	ate)
A proposed date of return <u>must</u> be stated so that new thesis submission date can be determined.						
Please provide as full an explanate about the problem, be precise about submitting this form. Details:	ion as possible d	of the reasons fo	r your red	quest. Please l	be spec	ific



				eparate sheet if necessary		
EVIDENCE: (please tic applications submitted w			•			
Medical Note	Wellbeing Me	Other				
Signature (student):		Have you co	Have you consulted your supervisor(s)?			
Date:		Yes		No 🗆		
SECTION 2 - To be	completed by the AC	ADEMIC SUPER	RVISOR			
Signature (academic su	pervisor):	Do you supp	ort this req	uest?		
Signature (academic su	pervisor):	Do you supp	ort this req	uest?		
Signature (academic su	pervisor):	Do you supp	ort this reg	uest?		
Signature (academic su	pervisor):	Do you supp	ort this reg	nuest?		
		Yes 🗆	ort this reg			
Date: Please provide a stateme		Yes 🗆	ort this reg			
Date: Please provide a stateme		Yes 🗆	ort this reg			
Date: Please provide a stateme		Yes 🗆	ort this reg			
Date: Please provide a stateme		Yes 🗆	ort this reg			
Date: Please provide a stateme		Yes 🗆	ort this reg			



SECTION 3 - To be completed by the HEAD OF SCHOOL/INSTITUTE or NOMINEE

Signature (Head of School or Nominee):	Do you support this request?			
Date:	Yes 🗆	No 🗆		
Please provide additional comments if relevant:				
Details:	Continue on a se	parate sheet if necessary		

Brief guidance notes to students:

- Candidature should not normally be suspended for more than 12 months.
- An interruption to registration may only be granted by the Director of SGS, subject to you providing strong justification, supported by evidence.
- Do not assume that your request will be approved. Until you are informed of the
 decision approved by the Director, SGS you need to continue with your studies as
 normal.
- Ensure that every section of the application form has been completed and evidence attached. Incomplete forms and those without evidence will be returned to your School/Institute, which will result in a delay to your application being considered.
- Ensure that any additional sheets or documents are clearly marked with your name and student number and securely attached to your application.
- You will be informed of the outcome by email so please check your University account regularly.
- If you are in receipt of a HELB you must ensure that your interruption complies with the terms and conditions of your studentship.

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DECISION					
As the Director of the School of Graduate Studies, I deem that this period of interruption is an appropriate response to the student's personal extenuating circumstances (please tick) and will ensure that the student is informed of this decision:					
Request Approved		Request not approved			
Comments:		Reasons: (e.g. lack of evidence, circu	ımstances		
		not relevant)			
Signature:	Date:	Signature:	Date:		

