

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"/>
		Year Programme Commenced:	<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 not normally exceeding: two consecutive semesters for enrolment in taught Masters Degrees (and in research Masters Degrees that commenced prior to 2014), Bachelors Honours Degrees and Postgraduate Diplomas; one year for Masters enrolments including a thesis or research portfolio that commenced in or after 2014; one semester for Postgraduate Certificates.

- Suspension of time from a Masters enrolment including a thesis or research portfolio; **or**
 Suspension of time from other postgraduate enrolment.

Note: If currently enrolled in taught courses, you must delete your courses or, if the 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:

- 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)