



SURNAME			INITIALS		STUDENT NUMBER					
ADDRESS				FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>						
SOURCE OF FUNDING	FOREIGN GOVERNMENT		SELF		PRIVATE		NSFAS		EMPLOYER	
STUDENT TYPE			YEAR STUDENT		SEMESTER STUDENT					
EDUCATIONAL PROGRAMME TO BE CANCELLED: (e.g. ND: Mechanical)										
FACULTY	ENGINEERING & TECHNOLOGY		APPLIED & COMPUTER SCIENCES		HUMAN SCIENCES				MANAGEMENT SCIENCES	
MOTIVATION FOR CANCELLATION:										
STUDENT'S SIGNATURE:						TODAY'S DATE: 20 / /				

**FOR OFFICE USE:**

	SIGNATURE	DATE	RECOMMENDATION
HEAD OF DEPARTMENT			
ACCOUNTANT FINANCE			
FACULTY ADMINISTRATIVE OFFICER			
ADMINISTRATIVE ASSISTANT			
HOSTEL			