

**CENTRE FOR RESEARCH AND GRADUATE STUDIES**

**EXTENSION OF CANDIDATURE**

SECTION A (to be completed by the candidate)

Se

**Degree MSc PhD**

**Attendance Full-time Part-time**

**Matric Number**

**Student Name:**

**Sex (M or F):**

**Postal address:**

**Postcode**

**Telephone:**

**Email:**

**Reason of Request:**

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**Work completed at time of request:**

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SECTION B (to be completed by supervisor)

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**The request is: Supported Not supported**

**Comments:**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION C (to be completed by Director of CRGS)

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**The request is: Supported Not supported**

**Comments:**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION D Candidate’s declaration

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**I declare that the information supplied on this form and the information given in support of my application is correct and complete. I authorize the University to obtain student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.**

**I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**