



**POSTGRADUATE STUDIES**

**FACULTY OF :**

**DEPARTMENT OF:**

**CANCELLATION OF POST-GRADUATE STUDIES \***

**TO BE COMPLETED FOR SUBMISSION TO THE HIGHER DEGREES UNIT**

Application for the cancellation of a Masters or Doctorate research proposal

Candidate: \_\_\_\_\_

ID Number: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date of HDC approval: \_\_\_\_\_

Credit:

|     |  |     |  |     |
|-----|--|-----|--|-----|
| 0.5 |  | 1.0 |  | 2.0 |
|-----|--|-----|--|-----|

Dissertation Title: \_\_\_\_\_

**(This is important; we need to cancel on the Nexus database)**

Motivation: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\*The candidate remains responsible for study fees, should cancellation at post-graduate studies not be completed correctly and according to VUT regulations.

\_\_\_\_\_  
 HEAD OF DEPARTMENT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 EXECUTIVE DEAN

\_\_\_\_\_  
 DATE