



Master of Education – Research

Intermission of Candidature

SECTION A: To be completed by Applicant

Candidate's Name: _____

ID Number: _____

Mailing Address: _____

_____ Postcode: _____

Telephone: _____ (B/H) _____ (A/H)

Period for which intermission is sought: from: ____/____/____ to: ____/____/____

Please provide relevant details. If more space is required attached a separate sheet. Requests for intermission, based upon medical grounds must be accompanied by an original certificate signed by a recognised medical practitioner.

Student's Signature: _____ Date: _____

Upon completion of this section this application should be forwarded to your supervisor.

SECTION B: To be completed by Main Supervisor

I **support** the student's application on the following grounds/conditions

I **do not support** the student's application on the following grounds/conditions

To assist the Research Degrees Committee in considering this application, you are requested to provide a comprehensive statement on the progress the candidate has thus far made towards their research:

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

SECTION C: To be completed by Chair, Research Candidature and Examination Sub-Committee

I **support** the student's application on the following grounds/conditions

I **do not support** the student's application on the following grounds/conditions

Name of Chair, Research Degrees Committee: _____

Signature of Chair,
Research Degrees Committee: _____ Date: _____