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| **Suspension of Academic Regulation Form** |
| **Name of requestor** |  | **Role of requestor** |  |
| **TPD or FRDD approval**  |  |
| **School level or Programme Regulation**  | *Please indicate* | **Academic Year to be applied** |  |
| **Regulation to be suspended** | *Please put in appropriate referencing.* |
| **Reason for the request** |  |
| **Case to support the suspension** |  |
| **Impact on students**  | *Provide details of each student affected (with reference to Student ID no.)*  |
| **Approval of** Pro-Director of Education |  | **Date** |  |