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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** | |  |