	CANCELLATION A	PPLI	CATION	20							
ÍMM	STUDENT NUMBER (New students to leave blank)										
Graduate School	Semester ⁻	1	Semester 2								
 PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS CANCELLATION APPLICATION Complete all sections of this form in block letters using black ink. There are 5 types of cancellations namely: 											
SECTION A: STUDE	NT PERSONAL DETAILS (COMF	PULSOR	()								
SURNAME	FIRST NAME										
EMAIL (Compulsory)	CONTACT NUMBER										
ID NO/PASSPORT NUMBER											
SECTION	B: MODULE CANCELLATION										
	CANCELLATION TYPE										
MODULE NAME IN FULL		MODULE	WORKSHOP	PS TUTORIALS							
1											
2											
3											
4											
SECTION C: MODULE SWAP											

MODULES TO BE CANCELLED							REPLACEMENT MODULE						
	MODULE NAME IN FULL	N	MODULE CODE			SEMESTER	MODULE NAME IN FULL		MODULE	SEMESTER			
						1 2					1 2		
						1 2					12		
						1 2					1 2		
						1 2					1 2		
	SECTION D: STUDENT DECLARATION												
Ιu	I understand the IMM Graduate School policies and procedures and agree to abide by the rules therein, specifically those relating to cancellations.												
STUDENT SIGNATURE DAT				DATE	/	/ 20		CANCELLATION APPLICATION					

r