



## REQUEST TO CONTINUE WITH STUDIES AFTER BREAK IN REGISTRATION

NOTE: The completed form as well as the supporting document/s must be sent to [registrations-fhs@wits.ac.za](mailto:registrations-fhs@wits.ac.za) by no later than **31 August** of the current academic year.

Surname

First Name

Person Number

Mobile number

Degree/ Programme

Year of study of last registration  
e.g. YOS I

Academic Year  
e.g. 2018

**The following should be attached to this form:**

- Letter of Motivation

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***For Office use only***

Please mark with X

APPROVED

DECLINED

Comments

FULL NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_