

DECLARATIONS

Applicant

I, the undersigned, agree to comply with all university policies relating to the use of study facilities and will notify the Graduate Student Association of any changes to my enrolment status and study space.

Signature: _____

Date: ____ / ____ / _____

Head of Department / Supervisor

I, the undersigned, agree that to the best of my knowledge that the above student requires study space on campus and does not have access to adequate study space in my Department.

(Please note that if any student is NOT in the final stages of their study, that is, the final 6 – 12 months for PhD students and final 3 – 6 months for Masters students, please indicate in the space below why you believe that the current stage of this student's study is the most vital stage for them to occupy a Graduate Centre Tenured Study Space).

Name: _____

Telephone: _____

Position: Head of Department Supervisor Other (please specify) _____

Signature: _____

Date: ____ / ____ / _____

Space for Supervisor / Head of Department comments
