

Date Received:

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**REQUEST FOR INTERRUPTION**

Surname: ..... First Name: ..... Middle Name:.....

Learner ID: ..... Programme Code: .....

Status of Programme:

Modules Completed	Module Code	Modules Completed	Module Code

Reasons for Interruption: .....

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Details of Previous Interruptions (if any): .....

Period of Interruption Requested for: .....

Proposed Date for Resumption: .....

I declare that all the particulars furnished by me above are true and correct. I undertake to honour my commitments to the University and to comply with the rules, regulations and decisions of the University and any amendment thereto.

Learner Signature: .....

Date: .....

Finance Clearance: .....

Library Clearance: .....

Recommendations of the Director, Academic Affairs Division/Programme Manager:

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Signature: .....

Date: .....

