

APPLICATION FOR USE OF THE UNIVERSITY'S COMPUTING AND LIBRARY FACILITIES

This form is used for School of Healthcare Sciences, undergraduate students that require continued use of the University's computing and library facilities.

Last Name:	
Forenames:	
Degree:	
Student ID Number: 5_-----	
Registration period: <i>From:</i>	<i>To:</i>
(Section A) to be completed by the student: I agree to abide by the Rules and Regulations of the University. Signed: _____ Date: _____	
(Section B) to be completed by the tutor I support the above request and recommend that the use of the University's computing and library facilities be extended for _____ months commencing _____. (A maximum of 3 months can be given at one time, if further extension is required another application is required) Reason for extension: _____ Name: _____ (<i>Tutor</i>) Date _____	
For Academic Registry Use Only: Entered in Records Date	