

# BELLAVISTA S.H.A.R.E

## Intercalation Request Form



<b>Student Information</b>			
Student Name			
Student Number			
Year of Study		Face to Face/ Online	
Course Leader			

<b>Intercalation Request</b>	
<i>Please note that you can't take a break for longer than one academic year.</i>	
From Date	
Proposed Return Date <i>Please seek advice from your Course Leader on possible restart dates for your course</i>	
Reason for Request	
Address During Intercalation	

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If you're requesting an intercalation due to health reasons you must attach medical evidence to support your request. You may also be asked to provide documentation to support other reasons as well.

Bellavista endeavours to support students throughout their studies. Before or during intercalation you may wish to talk to one or more of the following who will be able to offer you guidance and support relating to your circumstances:

- Course Leader
- Course Coordinator
- Tutor

This is to confirm that I wish to request an intercalation. I understand that I will still be recorded as a registered student while on intercalation and that this may have financial implications if the period of intercalation extends beyond one academic year. I am also aware that I will need to fit in with the course dates of courses running when I return from the period of intercalation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to: Kalie Naidoo:**  
[kalie.naidoo@bellavistaschool.co.za](mailto:kalie.naidoo@bellavistaschool.co.za)

You will be notified by email of the outcome of your claim.

<i>For Bellavista's Use</i>	
Intercalation Approved By:	
Date:	