



### APPLICATION FOR DEFERMENT OF STUDIES

[Please read the 'Important Notes' before completing this Form]

#### STUDENT PERSONAL PARTICULARS

Name : \_\_\_\_\_

Student ID : \_\_\_\_\_

#### DEFERMENT DETAILS

This deferment will be effective from semester: January / July Year: \_\_\_\_\_

Course(s) deferred:

No.	Course Code	Course Title
1		
2		
3		
4		

I wish to defer for \_\_\_\_\_ (*number*) semesters and intend to resume my studies in the January / July semester (*please circle whichever is applicable*), Year \_\_\_\_\_.

#### REASON (S) FOR DEFERMENT

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### SUPPORTING DOCUMENT(S)

To support my application, I am enclosing the following (e.g. medical certificate, etc.):

- a) \_\_\_\_\_  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_

#### DECLARATION

I declare that all information given in this form is accurate and complete. I have read the Important Notes of this form and I agree to conform to the related Rules and Regulations of the University.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTES**

1. Please attach the necessary documentary evidence to support your application.
  2. The maximum deferment period is two (2) consecutive offerings of the same course (i.e. 2 presentations).
  3. If you have completed some assignments/requirements before deferment of studies is granted, the School offering the course has the discretion to decide whether you will be required to complete these assignments/requirements again upon resuming your studies later.
  4. If you are applying for deferment you should continue with your studies until formal approval is obtained from the University
  5. Please submit the completed form to your Regional Office.
  6. You will be notified of your application status within a week from the date of receipt.
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**FOR OFFICE USE ONLY**

Approved       Rejected

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Processed by:

Name : \_\_\_\_\_  
(Regional Office Manager)

Authorized by:

Name : \_\_\_\_\_  
(Registrar)

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

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

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

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

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