APPLICANT DETAILS

NAME
MATRIC NO.
FACULTY (acronym)
PROGRAMME CODE
PROGRAMME

DEFERMENT OF STUDIES DETAILS

SEMESTER
(please circle the particular semester)

ACADEMIC SESSION

REASON TO DEFER
(please tick one only)

- Health problem
- Financial problem
- Family problem
- Language problem
- Personal problem
- Others (please state):

DESCRIPTION TO DEFER
(describe in brief reason to defer studies and attach support document(s) (if any))

Attention: Copy of medical report(s), medical leave certificate(s) or any other related information for health reason is mandatory

APPLICANT DECLARATION

I hereby acknowledge that all the given information herein is true and understand that any false, misleading, incorrect or incomplete information will result in this application may not be considered.

SIGNATURE

DATE

FOR THE FACULTY'S DEAN OFFICE USE

[ ] Approved [ ] Declined
(please tick the appropriate box)

FACULTY REF.

NOTE

SIGNATURE AND DESIGNATION STAMP

DATE

A copy of approved application form has to be submitted to the Division of Academic Management.