



**DIVISION OF ACADEMIC MANAGEMENT  
 DEFERMENT OF STUDIES APPLICATION FORM**

**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  Health problem  
*(please tick one only)*  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.**