

DEFERMENT



Personal details

Full name

ID Card No

Contact number

D.O. B

Emergency contact number

E-Mail

Current Address

Course Details

Program

Year

Intake

Reasons for deferring (Please indicate)

I wish to defer my studies for next intake ____ due to:

Health issues/Maternity

Financial

Reasons

Employment

Other (Please specify)

Declaration

I will re-register next intake _____

Signature

Date

Academic

TO BE FILLED BY THE COURSE COORDINATOR

- I certify that the student has been called for an interview determining the seriousness of his/her application Considering all facts and background of the student, I hereby suggest to approve / reject the application

Name:

Signature / Date

Finance

I hereby validate that the student has PENDING / NO PENDING payment/cleared all the due payments to college

Pending amount (if any):

Name:

Signature / Date
