



APPLICATION FOR DEFERMENT OF STUDY (LOCAL STUDENT)

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name:	Matric No.:
Programme:	Address:
Tel. No.:	
E-Mail:	
Mode of Study:* () Full-time () Part-time	Structure of Study:* () Coursework () Coursework and Dissertation () Research
Semester of Deferment:	Reason for deferment:
Method of Collection of Approval Letter:*	
() Post () E-mail () Collect at the office	
Signature:	Date:

SECTION B: TO BE COMPLETED BY THE SUPERVISOR* (if applicable)

() Recommended	() Not Recommended
Comment:	
Date:	Signature & Stamp:

SECTION C: FOR OFFICE (GSGSG) USE ONLY*

() Approved	Date:
The deferment is:* () calculated in the maximum period to obtain a degree; or () not calculated in the maximum period to obtain a degree.	Signature & Stamp:
	() Disapproved

* Tick wherever appropriate