



COURSE DEFERMENT FORM

A. BIODATA

TRAINEE'S NAME:	
ADMISSION NUMBER:	
ID NUMBER:	
DEPARTMENT:	
COURSE:	
LEVEL:	
TERM:	
EXAMINATION BODY:	
DATE:	

B. DEFERMENT DATA

1. Briefly explain the reason(s) why you would like to defer your studies

2. How do you plan to use the time during your deferral period?

3. Have you considered the potential impact of deferring on your future career plans or other long-term goals?

4. Is there any action the college could take to avoid or aid in your deferment?



C. RESUMPTION

1. When do you plan to resume your studies?

I, under penalty of perjury declare that the information provided in my deferment application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of my deferment request or other disciplinary action. I am of sound mind and capable of making this deferment request of my own free will. I consent for my guardian (name) be contacted with regards to this application.

Guardian’s phone number

Signature

Date:

D. APPROVAL (FOR OFFICIAL USE ONLY)

H.O.D	Signature:	Date:	Approved/Not:
ACCOUNTANT:	Signature:	Date:	Approved/Not:
DEAN OF STUDENTS:	Signature:	Date:	Approved/Not:
REGISTRAR:	Signature:	Date:	Approved/Not:

Comments:.....
.....
.....

A COPY OF THE COMPLETED APPLICATION SHALL BE RETAINED BY THE TRAINEE, HOD, ACCOUNTANT AND AT THE REGISTRAR’S OFFICE. ANY CHANGE IN THE DATE AND TERMS OF RESUMPTION SHOULD BE COMMUNICATED TO THE COLLEGE IMMEDIATELY.