

APPLICATION FOR DEFERMENT OF STUDY

SECTION A: STUDENT AND DEFERMENT DETAILS

Name			
NRIC/ Passport No.			
Student's Matric No.			
Faculty			
Programme Offered			
Type of Registration	□ Full-time □ Part-time		
Present Semester			
Mode of Study	□ Research □ Coursework □ Mixed-mode		
Length of proposed deferment			
Semester of proposed deferment			
Previous semester deferment			
Reason for deferment of study	□ Medical Reason □ Others. Please state: (Please attach medical certificate or other evidence where necessary) (Private Hospital certificate please endorsed to Health Centre University)		
Are you recipient of a studentship / scholarship (e.g Research Grant)?	□ Yes □ No		
Have you obtained the permission of your funding body?	□ Yes □ No		
Name of funding body			
Student's signature : Date:			

Note:

The deferment period due to **medical reasons will not be counted** in the number of semesters taken. However, deferment is limited to two (2) semesters only. In **such situations**, the **deferment period will be counted** in the number of semesters taken. Such deferment is limited to four (4) semesters only.

SECTION B: ACADEMIC APPROVAL BY SUPERVISOR / FACULTY / CENTRE FOR GRADUATE STUDIES (CGS)

As the Main Supervisor* / Dean of faculty, I confirm that the student has discussed his/her deferment of study with me and I recommend approval of the request as it is academically viable and complies with the 'good reasons' guidelines, Section 23 in the UTHM Regulations for Graduate Studies.

Recommended by Supervisor (*for research student only)		: (signature and official stamp)
	Date	:
Recommended by Dean of Faculty		: (signature and official stamp)
	Date	:
Approved by Dean of CGS		: (signature and official stamp)
	Date	:

SECTION C: FOR OFFICE USE ONLY

Deferment is	: Counted / Not Counted
Remaining Semesters	:
Letter issued on	:
Update to SMPs	: Yes / No