

CENTRE FOR GRADUATE STUDIES UNIVERSITI TUN HUSSEIN ONN MALAYSIA POSTGRADUATE STUDY DEFERMENT APPLICATION FORM

(This form is to be filled in TWO (2) copies)

| SECTION A: STUDENT AND DEFERMENT DETAILS | | | | | | | |
|---|---|--|--|--|--|--|--|
| NRIC / PASSPORT NUMBER | : | | | | | | |
| THE TASSICKI NUMBER | • | | | | | | |
| MATRICULATION NUMBER | : | | | | | | |
| FULL NAME | : | | | | | | |
| FACULTY | : | | | | | | |
| ACADEMIC PROGRAMME | : | | | | | | |
| SEMESTER | : | I II III SESSION / | | | | | |
| TYPE OF REGISTRATION | : | FULL TIME PART TIME | | | | | |
| MODE OF STUDY | : | RESEARCH | | | | | |
| | | COURSEWORK | | | | | |
| | | MIXED MODE | | | | | |
| PROPOSED DEFERMENT DURATION | : | SEMESTER SESSION / | | | | | |
| DURATION OF YOUR PREVIOUS SEMESTER DEFERMENT | : | ONE SEMESTER TWO SEMESTERS | | | | | |
| | | NOT APPLICABLE | | | | | |
| REASON FOR APPLYING A DEFERMENT OF STUDY | : | DEFERMENT OF STUDY DUE TO MEDICAL REASONS | | | | | |
| | DEFERMENT OF STUDY DUE TO NATIONAL INTEREST REASONS | | | | | | |
| | | DEFERMENT OF STUDY DUE TO PERSONAL REASONS | | | | | |
| | *Submission of a medical certificate and other evidence is mandatory when applying for the deferment of study due to medical reasons. Medical certificates from private hospitals should be endorsed by UTHM Health Centre. | | | | | | |
| ARE YOU THE RECIPIENT OF ANY EDUCATION SCHOLARSHIP OR RESEARCH FUNDING? | : | YES *The submission of an official statement from the funding bodies, endorsing the approval of study deferment, is mandatory when | | | | | |
| | : | applying for the deferment of study. NO | | | | | |
| NAME OF FUNDING BODY | : | | | | | | |
| STUDENT'S DECLARATION | : I hereby confirm that the information provided herein is accurate, correct and document submitted along with this application is genuine. I also hereby acknowledge and understand the financial implication towards the application of the deferment of study. | | | | | | |
| | | | | | | | |
| | | STUDENT'S SIGNATURE DATE | | | | | |
| | | | | | | | |



| SECTION B: APPROVAL BY INTERNATIONAL OFFICE (FOR INTERNATIONAL STUDENT ONLY) | | | | | | | |
|---|---------------|------------------|---|--|--|--|--|
| Date of registration | | | | | | | |
| UTHM International Office RECOMMEND / DO NOT RECOMMEND this application | | | | | | | |
| Signature and official stamp | | | International office's | s comments / remarks: | | | |
| Student's Declaration | a) the ap | | t: liscretion of Malaysian Immigration Department partment be REJECTED, the change of programme mode as | | | | |
| Document submission prior to the change of visa | YES NO | | | | | | |
| SECTION C: RECOMMEN | IDATION BY SU | IPERVISOR (APPLI | CABLE FOR RESI | EARCH STUDENT ONLY) | | | |
| I hereby acknowledge that the student has engaged in discussions with me regarding his/her application for the deferment of study. I recommend the approval of the said request, as it is deemed academically viable and in adherence to Section 15.1 (Deferment of Study) within the framework of the Postgraduate Studies Academic Regulations. SIGNATURE AND OFFICIAL STAMP DATE | | | | | | | |
| SECTION D: RECOMMENDATION BY THE FACULTY | | | | | | | |
| I hereby acknowledge that the faculty has thoroughly reviewed the application, and all documents submitted alongside the application are deemed to be true and genuine. The faculty recommends the approval of the request. SIGNATURE AND OFFICIAL STAMP DATE | | | | | | | |
| | | | | | | | |
| SECTION E: APPROVAL BY THE DEAN OF CENTRE FOR GRADUATE STUDIES | | | | | | | |
| SECTION E: APPROVAL | BY THE DEAN C | OF CENTRE FOR GE | RADUATE STUDI | | | | |
| | APPROVE | Signature and o | CC -i -1 -t | CGS'S COMMENTS/REMARKS | | | |
| 1 | DECLINE | Signature una o | ficiai siamp | DATE: | | | |
| SECTION F: OFFICE USE ONLY | | | | | | | |
| DEFERMENT SHALL BE COUN OF SEMESTER USED NUMBER OF REMAINING SEM | _ | BER | NO | R ISSUED ON: DD MM YYYY TED TO SMP: YES NO | | | |
| | | | | | | | |