



COURSE DEFERMENT / WITHDRAWAL

PARTICULARS OF STUDENT

Name (as in NRIC/Passport) :		NRIC / Passport No. :
Program :	Student Card No. :	Status: Deferment / Withdrawal

I would like to Withdraw/Defer due to the following reason/reasons:

- Work Commitments (Full-Time / Part Time)
- Family/Marriage Commitments
- Curriculum too difficult / too easy
- Cannot cope due to age
- Tight Schedule
- Financial Reasons
- Health Issues
- Grading/Education System
- Others: (Please State any) _____

Duration of Deferment :

For students who wish to defer their studies, please fill in the following information.

1 semester (Sem ____ / Year _____)

1 Academic Year (Year _____)

Last day of attendance (dd/mm/yyyy) :

Date to resume (dd/mm/yyyy) :

DECLARATION

I have verified the information above and any supporting documents to be true. I also understand that I have to clear my outstanding fee(s) within a year of my deferment or withdrawal.

Signature :

Date :

FOR OFFICIAL USE

Received by :	
Acknowledgement by : <small>(Name & Designation)</small>	Date: