



COURSE DEFERMENT / WITHDRAWAL FORM

PARTICULARS OF STUDENT

Name (as in NRIC/Passport):

Student Card Number:

Program (*Kindly circle the correct level):

Certificate/Diploma/Degree* in _____

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 must clear my outstanding fee(s) within a year of my deferment or withdrawal.

Signature:

Date:

By submitting this form, you hereby agree that MIC may collect, obtain, store, and process your personal data provided in this form for the purpose of data analysis. MIC is obliged to observe data protection and confidentiality.

FOR OFFICIAL USE

Received by:

Acknowledgement by :
(Name & Designation)

Date: