PERKHIDMATAN UTAMA
SISWAZAH

PEJABAT TIMBALAN NAIB CANSELOR
(AKADEMIK & ANTARABANGSA)

Kod Dokumen: PG/ACA/GS-07b

APPLICATION FOR DEFERMENT OF STUDY (EXCEEDED 2 SEMESTER)

SECTION 1	STUDENT DETAILS

Name : _____

Matric Number : _____

Programme/ Faculty : _____

Email Address : _____

Phone Number : _____

_____ _____

Student's signature Date

SECTION 2	VERIFICATION BY SCHOOL OF GRADUATE STUDIES

Please tick (✓) the relevant option:

☐ Deferment after seventh (7th) week

☐ Third (3rd) and subsequent deferments

Note:

(a) Deferment application due to health issues *(Approval by the Deputy Vice Chancellor (Academic and International) is not required.)*

- Please attach:
- A medical report (in English); and
- An official supporting letter from the medical centre/hospital where treatment is being received.

(b) Deferment application for reasons other than health issues;

- Kindly complete section 4.

*Comments (if any): _____

_____

_____ _____

Signature and official stamp Date

**Kindly refer to the Academic Calendar for applicable penalty charges.*

SECTION 3	ENDORSEMENT BY FACULTY/SCHOOL/INSTITUTE

(a) THE SUPERVISOR/ADVISOR

☐ Supported ☐ Not Supported

*Comments (if any): _____

_____

_____ _____

Signature and official stamp Date

(b) THE DEPUTY DEAN/DEPUTY DIRECTOR AT FACULTY/SCHOOL/INSTITUTE

☐ Supported ☐ Not Supported

*Comments (if any): _____

_____

_____ _____

Signature and official stamp Date

SECTION 4	ENDORSEMENT BY DEPUTY VICE CHANCELLOR (ACADEMIC AND INTERNATIONAL)

***** *Approval by the Deputy Vice Chancellor is* ***not required*** *for deferment applications due to* ***health issues.***

DEPUTY VICE CHANCELLOR (ACADEMIC AND INTERNATIONAL)

☐ Supported ☐ Not Supported

*Comments (if any): _____

_____

_____ _____

Signature and official stamp Date

SECTION 5	APPROVAL BY SCHOOL OF GRADUATE STUDIES

SCHOOL OF GRADUATE STUDIES

☐ Approved ☐ Not Approved

*Comments (if any): _____

_____

_____ _____

Signature and official stamp Date