

ADS01



Admissions and Students Records

Deferment of Studies Form

Surname First Name(s)

Student No. Part/Stage..... Gender.....

Faculty

Department

Degree Programme

Address & Phone #

Format (Tick Appropriate) Conventional, Parallel or Block Release

I hereby request to defer my studies as from:

.....**to**.....**(period)**

Chairperson's Comments.....

Departmental Chairperson:

Approved/Not ApprovedDate

Senior Assistant Registrar (Admissions and Students Records):

Signature Date