



**OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)**

**APPLICATION FOR DEFERMENT OF STUDIES**

**Instruction:** If reason for deferment is sickness or bereavement, you are expected to attach copy of documentary evidence as proof.

**Note:** No request will be approved unless it has been cleared by the Chair of Department and Dean of School.

**PART A: STUDENT’S DATA**

(i) Name: \_\_\_\_\_ Reg. No. \_\_\_\_\_

(ii) School: \_\_\_\_\_ Dept: \_\_\_\_\_

(iii) Current Year & Semester of Study (e.g. Y2S1) \_\_\_\_\_

(iv) Contact Address: P.O. Box \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

(v) Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

I kindly request your office to approve my application for deferment starting from Semester \_\_\_\_\_ of Academic Year \_\_\_\_\_ To Semester \_\_\_\_\_ of Academic Year \_\_\_\_\_

Reason for request: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART B: FOR OFFICIAL USE ONLY**

**i. Chair of Department:** Request Recommended/Not recommended \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

**ii. Dean of School:** Request Recommended/Not recommended \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date & Stamp \_\_\_\_\_

**iii. Dean of SGS (For Postgraduate Students):** Request Recommended/Not recommended \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date & Stamp \_\_\_\_\_

**iv. Registrar (ASA):** Request Approved /Not Approved \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

- CC.**
- Dean of School.
  - Dean of School of Graduate Studies
  - Chairman of Department.
  - Dean of students.
  - Student Finance.
  - Student’s File.