



OFFICE OF THE REGISTRAR (A & SA)

APPLICATION FOR DEFERMENT

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

Note: No request will be approved without it having been cleared by Chairman of Department and the Dean of the School.

PART A: STUDENTS DATA: Name: _____ Reg. No. _____

Dept: _____ School: _____

Contact Address: _____ Phone No. _____

I would 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. **COD's recommendation:** Request Approved /Not Approved _____

_____ signature _____ date & Stamp _____

ii. **Deans recommendation:** Request Approved / Not Approved _____

Signature: _____ Date & Stamp _____

iii. Registrar's Office.

Request Approved/ Not Approved

Name _____ **Signature** _____ **Date & Stamp** _____

cc.

- Chairman of Department
- Dean of school
- Dean of students
- Students finance
- Students file