STUDENT DEFERMENT APPLICATION FORM

INSTRUCTION

1. *Student is required to complete this form (where applicable). Only completed form will be processed.*
2. *Completed form must be submitted to* ***Admission and Student Records Department***

NAME : _____ MATRIC NO: _____

PROGRAM : _____ IC NO : _____

E – MAIL : _____ TELEPHONE NO : _____

ADDRESS : _____

SEMESTER TO DEFER : _____

Application only* ***elligible for one deferment*

REASON FOR DEFERMENT *Please tick (✓) where applicable*:

☐ Financial problem ☐ Unable to cope with the course taught ☐ Personal matters

☐ Transportation problem ☐ Extensive workload ☐ Others (Please specify) :

_____

A. Academic Coordinator / Head of Faculty

Please tick (✓) where applicable

Period of Deferment (Semester)

☐ Feb_____ ☐ May/June _____

☐ Sept_____ ☐ Other : _____

1	Within Add/Drop period	YES	NO
2	After Add/Drop Period	YES	NO
3	Course registered	YES	NO

I have consulted the student on the possible consequences with regard to the deferment. Below is my comment

_____

_____

_____

_____
Signature & Stamp Date

B. Student Finance Services

Please tick (✓) where applicable

☐ Scholarship ☐ Non-Scholarship

Please Specify : _____

Balance Refund / Outstanding : RM _____

Remark (if any)

_____

Deferment fee chargeable : RM _____

Official Receipt No : _____

Remark (if any)

_____

_____
Signature & Stamp Date

STUDENT DEFERMENT APPLICATION FORM

<table>
<tr><td rowspan="2">C. Counselor</td><td colspan="2">D. Student Residence Service</td></tr>
<tr><td>STUDENTS</td><td>AUTHORIZED STAFF</td></tr>
<tr><td>I have consulted the student on the possible consequences with regard to the deferment. Below is my comment

_____

_____

_____

_____

_____
Signature & Stamp Date</td><td>Please tick (√) where applicable
1. ☐ Residence
*Premise No :
_____
☐ Non-residence
2. Outstanding
☐ No ☐ Yes
*Amount: _____
3. Penalty
☐ No ☐ Yes
*Amount: _____

_____
Signature & Stamp
Date</td><td>Please tick (√) where applicable
1. ☐ Residence *Premise No :
_____
☐ Non-residence
2. Outstanding
☐ No ☐ Yes
*Amount: _____

In the absence of Student Residence Service staff. Admission student Record department is allowed to update to data in ICAMS

Approved by:

_____
Signature & Stamp
Date</td></tr>
<tr><td>E. Resource Centre / Library</td><td colspan="2">F. Admission & Student Record</td></tr>
<tr><td>Items Borrowed from Resource Centre /Library:

Please tick (√) where applicable

Returned ☐ Yes ☐ No
Good Condition ☐ Yes ☐ No
Penalty ☐ Yes ☐ No

Total Cost Estimated: RM _____ Remark (if any)

_____

_____
Signature & Stamp Date</td><td colspan="2">Received from student : _____

Updated in LMS : _____

Informed student : _____

_____
Signature & Stamp Date</td></tr>
</table>

_____ Date

Student's Signature

FOR OFFICE USE ONLY (ASR)

Remark (if any) : ☐ ICAMS ☐ e-IPTS ☐ MASTERLIST Date: