



APPLICATION FOR DEFERMENT REGISTRATION

SEMESTER: _____

SESSION: _____

INSTRUCTIONS

To Candidate Applicant

Please complete Section A and submit this form to the Postgraduate Studies Unit, UUM COB Office.

SECTION A (APPLICANT'S GENERAL INFORMATION)

Name:		
Matric No:	Programme:	
Centre:	Permanent Address:	Current CGPA:
	Phone:	
Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Programme Structure: Coursework <input type="checkbox"/> Coursework & Thesis/ Dissertation <input type="checkbox"/> Research <input type="checkbox"/>	
Semester for Deferment:		

Reason(s) for deferment (please use additional papers if necessary):

Applicant's Signature : _____ Date : _____

SECTION B (APPROVAL BY POSTGRADUATE STUDIES UNIT)

Approved Rejected
Update Status

Received Date : _____ Recorded Date: _____

Signature & Stamp : _____

Name : _____