



## APPLICATION TO DEFER REGISTRATION

Trimester: First Trimester/Second Trimester/Third Trimester

Session: 20\_\_\_\_ / 20\_\_\_\_

### INSTRUCTIONS:

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

### SECTION A: APPLICANT'S GENERAL INFORMATION

Name:	Matric No:
Telephone No.: Home: Office: Mobile No.:	Permanent Address:
Programme:	Email:
Current CGPA:	Centre:
Programme Structure: <input type="checkbox"/> Coursework <input type="checkbox"/> Coursework and Thesis/Dissertation <input type="checkbox"/> Research	Mode of Study: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Semester for Deferment:

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

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Applicant's Signature:	Date:
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**SECTION B: APPROVAL BY POSTGRADUATE STUDIES UNIT, UUM COB**

Approved

Rejected

Update status

Received Date: \_\_\_\_\_

Recorded Date: \_\_\_\_\_

Signature & Stamp:

Name:

Date: