National University of Science and Technology

ADMISSIONS AND STUDENT RECORDS

DEFERMENT APPLICATION FORM

Name (Mr/Mrs/Miss/Ms): _____

Student Number: _____

Contact Address: _____

_____

Email address: _____ Cell: _____ Phone: _____

Faculty: _____

Department: _____

Degree Programme: _____

Student Number: _____ Part: _____ Semester: _____

Academic Year: _____

I wish to Defer the above programme for *one semester/two semesters (*delete inapplicable)*, and I intend to resume studies in the _____ Academic Year.

Reason (s) for Deferment (*please attach separate sheet(s) if necessary*)

_____

_____

Please note that Deferment is valid for One Academic Year Only.

Signature of Student: _____ Date: _____

OFFICIAL USE ONLY

CHAIRPERSON'S SIGNATURE _____ **DATE:** _____

DEAN'S SIGNATURE _____ **DATE:** _____

**SAR – ADMISSIONS
& STUDENTS RECORDS** _____ **DATE:** _____

Deferment Approved [ ] **Deferment Not Approved** [ ]

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cc. Dean, Chairperson, Student Accounts