



Form checked, scanned, entered by:

STAFF MEMBER NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Request received: By student in person

By email

## WITHDRAW/DEFER IN CURRENT STUDIES

**STUDENT TO FILL OUT "PART A" TO "PART D"**

**SUBMISSION: Submit on Monday to Friday (end of business day – 4.30pm)**

### PART A – Personal Details

Student ID		Date of Birth	
Family name		First name	
Mobile		Email	
Are you under 18 years old?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>(If yes, please attach Approval Letter with Parents/Guardian' signature)</b>	

### PART B – Programme Details

Current course of study:			
Batch Number:		Semester Number:	
Last day of study: _____ (day/month/year)			

### PART C – Withdraw/Defer Details

<input type="checkbox"/> Withdrawal <input type="checkbox"/> Deferral <input type="checkbox"/> Deferral in ..... (period)		
<b>REASON FOR WITHDRAW/DEFER (include supporting documentation)</b>		
<input type="checkbox"/> <b>Medical</b> (attach documents, example: Medical Certificate)		
<input type="checkbox"/> <b>Family</b> (attach documents, example: Letter from family; Medical report; Death certificate; Financial evidence; etc)		
<input type="checkbox"/> <b>Other</b>		
<input type="checkbox"/> <b>I have attached other documents providing evidence of my situation</b>		
<input type="checkbox"/> <b>Manager Marketing -Approved</b>	Name/Signature	Date:
<input type="checkbox"/> <b>Programme Manager - Approved</b>	Name/Signature	Date:

