



DEFERRAL OF COURSE ASSESSMENT APPLICATION FORM

This form is used where you are unable to continue with one or more courses and wish to apply to attempt them at the next sitting

Student Name: _____ **Student I.D.:** _____

Program of Study: _____

Mobile/Phone: _____ **Email:** _____

Address for Correspondence: _____

Course Code E.g. PET 500, MSE 506	Course/Subject Title	From	To

In the FROM column, record the current assessment period
In the TO column, record the assessment period you intend to complete the course

I wish to have the examination(s)/course(s) listed above deferred. I plan to take it/them whenever next the examination/course is scheduled.

STUDENT SIGNATURE: _____ **DATE:** _____

Students: Please complete and return this form to your Head of Department for processing. Attach a letter outlining your reasons for seeking this deferral along with any supporting documentation such as medical certificates.

PLEASE NOTE: Deferral of a course is by special arrangement only at the discretion of the Department and strict conditions apply. Deferrals should be submitted in advance of assessment of the course. Note that, due to the scheduling of courses in an academic year, should you defer, you WILL NOT graduate with your current academic cohort. Any additional cost attached to this deferral (e.g. extended stay on campus, feeding, accommodation, etc) will be solely borne by you.

OFFICE USE ONLY

Head of Department:

- I support this student's application for deferral of course assessment
- I do not support this student's application for deferral of course assessment

Please outline reason for refusal:

Head of Department Signature: _____

Date: _____