



DEFERRAL OF PROGRAM OF STUDY APPLICATION FORM

This form is used if, for legitimate reasons, you are unable to start or continue with your program in the year for which you have been admitted

Student Name: _____

Program of Study: _____ **Student I.D.:** _____

Mobile No.: _____ **Email:** _____

Address for Correspondence: _____

Reason(s) for Deferral (attach additional sheet if necessary): _____

Proposed Start Date (MM/YYYY): _____

Student Signature: _____ **Date:** _____

Complete and return this form to the Registrar's Office for processing, either in person or by mail at academicregistrar@aust.edu.ng. Attach any supporting document(s) that may aid the decision process.

OFFICE USE ONLY

Vice President Academic:

I approve this student's application for deferral of program of study

I do not approve this student's application for deferral of program of study

Please outline reason for refusal:

Signature (Vice President Academic): _____

Date: _____