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PROGRAMME DEFERMENT FORM

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 Please read through the form carefully before filling. Provide information where appropriate. Please write in Block Letters and mark with an "X" where appropriate e.g. X
STUDENT INFORMATION
Name: (MR/MRS/MS/DR/PROF): STUDENT NUMBER: PROGRAMME: CURRENT STAGE: MODE OF STUDY:
DEFER TO (Indicate Semester & Year e.g JUNE 2025):
DATE:
REASON FOR DEFERMENT
CONTACT DETAILS Mobile Phone No(s): Email Address:
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RECEIVED BY: DATE:
APPROVED: REJECTED:
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