



Villa College

•• APPLICATION FOR DEFERMENT OF STUDIES

1. PERSONAL DETAILS

Name:

NID: Program:

Semester Intake: Student ID:

Correspondence Address:

Tel. No. (Home): Tel. No. (Office):

Mobile No.: Fax No.:

Email:

Are you sponsored? Yes No

If yes, the name of sponsor

(attach a written and signed approval letter from your sponsor)

2. REQUEST DETAILS

REASON FOR DEFERMENT (Please indicate)

I wish to defer my studies for FEB / JUNE / OCT trimester, year _____ due to :

- Health problem / Maternity Financial Problem
- Personal Problem Others (Please state)

I will re-register for FEB / JUNE / OCT trimester, year _____

Student's signature: _____ Date: _____

FOR OFFICIAL USE ONLY

- Is the deferment of course approved? Yes No
- Is refund of fees approved? Yes No

Comments: _____

Signature and Official stamp

Date

Database update initial _____

Date