

Course Deferment Application Form

INSTRUCTIONS:

1. This form is to be completed by students requesting for a deferment of course
2. Students are required to show evidence of extenuating circumstances (e.g. death in family, illness.) If reason is other than the two stated here, student should write a letter of explanation and attach to this application form, and deferment would be assessed on a case-by-case basis.
3. A Deferment Fee of \$107 (inclusive of 7% GST) applies.
4. Additional fees for FPS, Student's Pass, and Medical Insurance apply accordingly
5. Payment of fees is to continue as per the instalment due dates stated in the Student Contract
6. Application for deferment must reach the School at least 2 weeks before the new semester start date
7. Maximum deferment of 1 semester; all programmes can be deferred
8. Incomplete applications without relevant supporting documents will not be processed
9. If student wishes to defer for more than 1 semester, he/she will have to withdraw from the programme, and the withdrawal policy applies. If he/she wishes to enrol in the same programme, his/her application will be considered and processed as a new application.
10. Students who do not inform the school before the end of their deferment period will be deemed as to have withdrawn from the programme.

SECTION A (FOR STUDENT)		
Name of Student		NRIC / FIN/ Passport No.
Mobile Phone	Home Phone	Email
Mailing Address		
Programme Title and Original Intake		Deferring to Which Intake?
Reasons for Deferment <input type="checkbox"/> Medical Grounds (Attach Medical Certificate)		
<input type="checkbox"/> NS Training (Attach Notice of NS-ICT/Mobilization)		
<input type="checkbox"/> Others (Attach Written Letter of Explanation/ Supporting Documents)		
1. I am aware that my existing Student's Pass will be canceled due to deferment. The subsequent Student's Pass application upon my return from deferment is subject to Immigration and Checkpoint Authority's approval. 2. I declare that the information given is true and accurate and I have not suppressed any information.		
Student's Signature:		Date:
SECTION B : INTERVIEW BY STUDENT SERVICES DEPARTMENT (OFFICIAL USE ONLY)		
Details of Interview:		
_____		_____
Student Service Executive's Name	Signature	Date
SECTION C : REVIEWED BY ACADEMIC DIVISION (OFFICIAL USE ONLY)		
1. Approval by University Partner	<input type="checkbox"/> N/A	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
2. Approval by Academic Director	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
_____	_____	
Academic Director's Signature	Date	