

POSTGRADUATE DEFERMENT OF STUDIES FORM (LOCAL STUDENT)

APPLICANT DETAILS

Name	
Student ID	
Programme	
Passport No.	
Passport Expiry Date	
Deferring Semester	
Address	
Email Address	
Hand phone No.	

Reason of Deferring:

"I would defer my studies to the next or this semester because of the following reason/s" (If the reason is on medical grounds, please attach an original medical report). I also understand that my application for deferment of study will not be processed until I have settled all outstanding fees with university. I must attend all classes until my deferment is approved.

Applicant Signature

Date

IMPORTANT NOTES ON REFUND POLICY

Kindly note that the refund of tuition fees for a normal semester will based on the following table:

DROP AFTER COMMENCEMENT OF THE SEMESTER	REFUND PORTION
0-14 days	Full refund (credited to the next semester)
After 14 days – week 9	No refund
After week 9	Not allowed

*Kindly refer UNITEN Website > Academic Calendar.

COGS ADMIN OFFICE

Effective Date

Student Status

Debts

Refund of Tuition Fee

Full Refund: RM

No Refund

Not allowed

Balance of Semesters

Adjusted End of Candidature Date

Checked by:

Admin Assistant
College of Graduate Studies

Date: _____

Recommended / Not Recommended by:

Admin Executive
College of Graduate Studies

Date: _____

Approved / Disapproved by:

Deputy Dean
College of Graduate Studies

Date: _____

Letter of deferment issued on