Application for Deferment of Registration / Leave of Absence

Personal Information:

1. **Full Name:** _____
2. **Name with initials:** _____
3. **Registration Number:** _____
4. **Study Program: __** _____
5. **Level of study (if relevant)** _____
6. **Department/Faculty:** _____
7. **Contact Number:** _____
8. **Email Address:** _____

Deferment of Registration Request:

1. **Year of Intended Registration:** _____
2. **Reasons for Deferment (Please provide a detailed explanation):**
3. [Text Box for Student Response]

Leave of Absence Request:

1. **Requested Leave Start Date: _____**
2. **Requested Leave End Date: _____**
3. **Reasons for Leave of Absence (Please provide a detailed explanation):**
4. [Text Box for Student Response]

Supporting Documentation (if applicable):

- ☐ Medical Certificate
- ☐ Personal Statement
- ☐ Other (Specify): _____

Acknowledgement of Policies: I acknowledge that I have read and understand the university's policies regarding deferment of registration and leave of absence. I am aware of the implications, responsibilities, and conditions outlined in the respective policies.

Student's Signature: _____ **Date:** _____

Submission Instructions: Please submit this completed form along with any supporting documentation to the [Department/Faculty Office] by [Submission Deadline].

Incomplete applications may be subject to delays.

For any inquiries, please contact [Department/Faculty Contact Information].

Student Affairs Division Contact Details: