



Student Deferral Request Form

Student Information:

- **Full Name:** _____
- **Student ID:** _____
- **Program Name:** _____
- **Email Address:** _____
- **Phone Number:** _____

Deferral Request Details:

- **Reason for Deferral:**
- **Requested Deferral Period:**
 - **Start Date:** _____
 - **End Date:** _____

Supporting Documents:

(Please attach any documents that support your deferral request, if applicable.)

- Medical Certificate
- Personal Statement
- Visa Delayed in Embassy
- Other (Please specify): _____

Acknowledgment:

- I understand that my request for deferral will be reviewed by the appropriate department, and I will be notified of the decision.
- I understand that deferring my studies may impact my course schedule, financial aid, and program completion timeline.

Student Signature: _____

Date: _____

For Office Use Only:

- **Request Reviewed By:** _____
- **Decision:** [] Approved [] Denied
- **Comments:** _____



Designated Learning
Institution Number
019330446102

