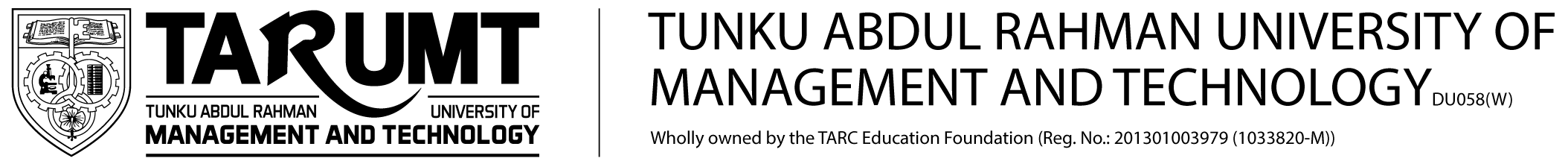
**DACE/DOS/22**

Rev No:1 Effective Date:

3 July 2023



APPLICATION FOR DEFERMENT OF STUDY

**(FOUNDATION AND UNDERGRADUATE PROGRAMMES)**

1. **Application**

Application is to be made on the prescribed form and emailed to the respective Faculty/Centre/Branch.

Application by international students is to be emailed to the Department/Division of International Student Office (DISO).

### **Reason for Application**

### Applicants are required to state the circumstances for their application for deferment of study and provide the relevant supporting documents.

For international students

*Deferment due to medical reasons*

* Deferment must be **s**upported with a medical report by a certified medical officer. The maximum deferment period is two (2) semesters only for the whole duration of study.

*Deferment due to other reasons*

* Deferment may be considered and if approved, the student has to return to his/her home country during the deferment period.

##### **Deadline for Application**

##### Application must be received by the respective Faculty/Centre/Branch/DISO latest by:-

|  |  |
| --- | --- |
| Bachelor Degree & Diploma | : end of **week** **14** (for long semester)/  **week 7** (for short semester) of the Semester. |
| Foundation | : end of **week** **12** of the Semester. |

Late applications will **NOT** be considered for deferment in the same semester.

#### **Application Outcome**

#### Application emailed before the deadline may not necessarily be considered for deferment in the same semester. Application for deferment of study including Dual Award (if applicable) is subject to the approval of the University. The Department of Admissions and Credit Evaluation will notify the students on the outcome of their application via email.

1. **Transfer of Fee**

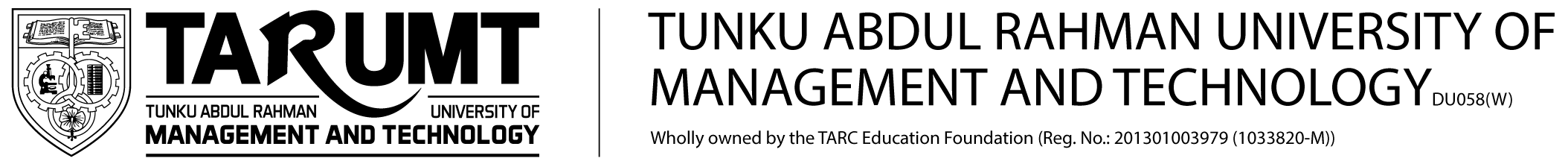
Tuition fee paid for the current semester will be transferred to the semester when the students resume their study IF the application for deferment of study is received by the University before end of week 4. There shall be NO transfer of fee thereafter.

The fee transferred is strictly non-refundable and non-transferable if the students withdraw from the programme or do not resume their study after the deferment period.

**DACE/DOS/22**

Rev No:1 Effective Date:

3 July 2023



**APPLICATION FOR DEFERMENT OF STUDY**

**(FOUNDATION AND UNDERGRADUATE PROGRAMMES)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | *Click to enter* | | | | | |
| Student ID No.: | | *Click to enter* | | | | | |
| Nationality: | | *Please select* | | | | | |
| Contact Number: | | *Click to enter* | | | | | |
| Personal Email: | | *Click to enter* | | | | | |
| Programme: | | *Click to enter* | | | | | |
| Campus: | | *Please select* | | | | | |
| Current Year & Semester of Study: | | Year: *Please select* | | | Semester: *Please select* | | |
| On Dual Award Programme:  (*to be filled by Bachelor Degree student only*) | | | *Please select* | | | | |
| I would like to defer my study as follows: - | | | | | | | |
| From: *Click to enter* Semester | | | | To: *Click to enter* Semester | | | |
| To repeat/resit failed course(s) during deferment period | | | | | | Yes: | No: |
| Reason(s) for deferment:  *Click to enter* | | | | | | | |
| Note: Please attach relevant documents (e.g. medical report or other relevant documents) to support your application. | | | | | | | |
|  | I declare that all information given is true and complete. I understand that the University reserves the right to reject my application or withdraw any approval given if any information given by me is found to be not true or incomplete. | | | | | | |
| Date: | | *Select date* | | | | | |

|  |
| --- |
| **FOR OFFICE USE** |

**Section I: To be completed by Department/Division of International Student Office**

***(only applicable for international student’s application)***

|  |  |  |
| --- | --- | --- |
| Date Received: | *Select date* | |
|  | **Pre-Application** | **Post-Application** |
| Application within guideline of Ministry of Higher Education **and** Immigration Department of Malaysia | Yes  No | Yes  No |
| Comments: | *Click to enter* | *Click to enter* |
| Confirmed by: | *Click to enter* | *Click to enter* |
| Date: | *Select date* | *Select date* |

**Section II: To be completed by Faculty/Centre/Branch**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date Received: | | *Select date* | | | | |
| No. of failed/outstanding course(s) | | CGPA | Student’s current status | | | Change in programme structure |
| Repeat course(s) | Resit course(s) | TAR UMT | | Dual Award |
| *Click to enter* | *Click to enter* | *Click to enter* | *Click to enter* | | *Please select* | Yes  No |
| Officer’s Name: *Click to enter* | | | | Date: *Select date* | | |

|  |  |
| --- | --- |
| **Recommendation/Approval** | |
| (i) Recommendation by Associate Dean/Head of Division/Programme Leader  Comments: *Click to enter* | |
| Name: *Click to enter* | Date: *Select date* |
| (ii) Recommendation/Approval by Dean/Deputy Dean of Faculty/Head/Deputy Head of Centre/Branch  Recommended/Approved for Deferment from session *Click to enter* to *Click to enter* ,Rejoin:*Click to enter*  Full Deferment  Deferment but resitting/repeating failed course(s) during deferment period  For students on Dual Award, deferment including Dual Award Yes  No  Not Recommended/Not Approved  Comments: *Click to enter* | |
| Name: *Click to enter* | Date: *Select date* |

**Section III: Department of Admissions & Credit Evaluation**

|  |  |  |
| --- | --- | --- |
| Date Received: | *Select date* | |
| (i) Transfer of Fee: Yes  No | | |
| Letter prepared by: *Click to enter* | | Date: *Select date* |
| (ii) TIAS Update:  Status: *Select status* Rejoin session: *Click to enter* Reason for Deferment: *Click to enter* | | |
| Updated by: *Click to enter* | | Date: *Select date* |