



UNIVERSITI KUALA LUMPUR REQUEST TO DEFER STUDY

Note that deferment request due to other than health problem after week 9 is not allowed under University Rules and Regulations. Student must complete Section A, B and C before meeting Academic Advisor.

SECTION A : STUDENT'S INFORMATION

Name : _____ ID : _____
 IC/ PASSPORT: _____ Contact No: _____
 Programme : _____
 Institute : _____ Email address: _____
 Correspondence Address: _____

_____ This address is the same as in our record: Yes No
If you change your address during deferment period, please contact us to ensure your address details are updated for future correspondence.

1. Reason to defer study :

<input type="checkbox"/> Health Problem	<input type="checkbox"/> Financial Difficulties
<input type="checkbox"/> Personal Problem	<input type="checkbox"/> Others (Please Stated)
<input type="checkbox"/> Job Offer	_____

2. To be completed by Finance Department:

Current outstanding Debts: RM _____ as at (date) _____ Signed _____.

SECTION B – APPLICATION DETAILS

- I would like to defer my study for *January / July/ September year _____ effectively (date) _____
- I will return for semester *January / July/ September, year _____.

SECTION C – STUDENT'S DECLARATION

- I declare that the information supplied in this form and the information given in support of my application is correct and complete.
- I understand that this deferment may have an effect on my study duration and loan status.
- I understand that all assessment submitted to the lecturers will be removed from my records and no grades shall be awarded for the courses attended until the point of my deferment effective date.

Circle		Initial
Yes	No	
Yes	No	
Yes	No	

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

*Note: Attach supporting letter or document. *Please circle where applicable
 Regardless of any week, grade 'W' will be given to all courses if defer within week 5 -9.*

SECTION D : FOR ACADEMIC ADVISOR'S RECOMMENDATION

Signature : _____ Date: _____

For UniKL Use Only

Kindly ensure all information are provided and completed before approving this application especially Section A – C. Section D can be completed by Counselor/ authorized person by the Institute in the absence of Academic Advisor.

SECTION E Dean's Approval

Approve Not Approve

 Dean's Signature & Official Stamp Date: _____

1/2018

SECTION F Academic Services (Enrolment and Records)

Received Date :

√	Process	Date	Initial
1.	Drop/Withdraw all courses		
2.	Change Status		
3.	Send of approval Letter		

2/2018