



LOCAL STUDENT DEFERMENT OF STUDIES FORM

APPLICANT DETAILS	
Name	
Student ID	
Programme	
IC No.	
Deferring for Semester	
Address	
Email Address	
Handphone No.	
REASONS OF DEFERING	

"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 must attend all classes until my deferment is approved.

Applicant Signature

Date

IMPORTANT NOTES ON REFUND POLICY

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

REFUND PORTION	FOUNDATION DROP PERIOD	DEGREE & DIPLOMA DROP PERIOD
Full refund	0-3 days after commencement of the semester	0-7 days after commencement of the semester
2/3 refund	4-5 days after commencement of the semester	8-14 days after commencement of the semester
No refund	After 5 days	After 14 days

*Kindly refer UNITEN Website > Current Student > Academic Calendar & Important Dates for details

<i>COGS ADMIN'S OFFICE USE</i>		
Effective Date		
Student Status		
Debts	<input type="checkbox"/> Yes : RM _____ <input type="checkbox"/> No	
Refund of Tuition Fee	<input type="checkbox"/> Full Refund : RM _____ <input type="checkbox"/> 2/3 Refund <input type="checkbox"/> No Refund	
Balance of Semesters		
Checked by : Admin. Assistant COGS Admin Office Date:.....	Recommended/ Not Recommended by: Executive COGS Admin Office Date:.....	Approved /Disapproved by: Deputy Dean COGS Admin Office Date:.....
<i>Letter of deferment issued on</i>		