

## POSTGRADUATE DEFERMENT OF STUDIES FORM (INTERNATIONAL STUDENT)

APPLICANT DETAILS			
Name			
Student ID			
Programme			
Passport No.			
Passport Expiry Date			
Deferring Semester			
Address			
Email Address			
Hand phone No.			
Reason of Deferring:			
grounds, please attach an origin	al medical report). I also	ause of the following reason/s" ( understand that my application f vith university. I must attend all c	or deferment of study <u>will</u>
Applicant Signature			Date
IMPORTANT NOTES ON REFUN			
Kindly note that the refund of tu	uition fees for a <u>normal se</u>	emester will based on the followi	ng table:
DROP AFTER COMMENCEMEN	IT OF THE SEMESTER	REFUND PORTION	
0-14 days		Full refund (credited to the nex	t semester)
After 14 days – week 9		No refund	
After week 9		Not allowed	
*Kindly refer UNITEN Website > Acc	ademic Calendar.		

REVIEW FROM INTERNATIONAL OFFICE (Kindly tick)		Rema	Remarks	
			Additional Comments and Recommendation:	
Student Pass Expiry Dat				
Passport validity				
Passport validity less than 1 year				
Student Pass validity less 6 months				
Student Pass has expire	d			
Currently student is overstaying				
Currently, IO extending student pass				
Student pass can renewed 3 month within return of		of Recommended	Not Recommended	
student				
Currently, IO doing Spece	cial Pass for student			
-	ving/ extending validity of			
passport				
	I	Signature and Stamp	Date	
COGS ADMIN OFFICE				
Effective Date				
Student Status				
Debts				
Refund of Tuition Fee				
	Full Refund: RM			
	No Refund			
	Not allowed			
Balance of Semesters				
Balance of Semesters				
Adjusted End of Candidature				
Date				
Checked by:				
Admin Assistant				
College of Graduate Studies				
Date:				
Recommended / Not Recomme	nded by:	Approved / Disapproved by:		
Admin Executive		Deputy Dean		
College of Graduate Studies		College Of Graduate Studies		
		-		
Date:		Date:		
Letter of deferment issued on				