

## ACADEMIC MANAGEMENT OFFICE

### APPLICATION FOR DEFERMENT OF STUDIES

	CATEGORIES FOR DEFERMENT	
	MEDICAL/ HEALTH	PERSONAL
REQUIRED CERTIFICATION	Certified by Medical Officer from UMP or government hospital	Certified by Psychology Officer from UMP's Department of Students' Affair & Alumni
REQUIRED DOCUMENTS	1) Application form duly filled 2) Applicant's covering letter 3) Certification by UMP or government hospital Medical Officer	1) Application form duly filled 2) Applicant's covering letter 3) Certification by UMP Psychology Officer 4) Supporting letter from parents or guardians
APPLICATION DEADLINE	Prior to Study Week	Prior to 9 <sup>th</sup> week of lecture
APPLICATION PROCESSING LEAD TIME	14 days	14 days
APPROVING AUTHORITY	Dean / Deputy Dean	Dean / Deputy Dean
EFFECTIVE DATE OF DEFERMENT	As per application date	As per approval date
MAXIMUM ALLOWABLE DEFERMENT	2 semesters	1 semester
CURRENT SEMESTER	Not accounted for	Accounted for

**ACADEMIC MANAGEMENT OFFICE**

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**APPLICATION FOR DEFERMENT OF STUDIES  
SEMESTER \_\_\_\_\_, ACADEMIC SESSION \_\_\_\_\_**

**PART A: STUDENT'S PERSONAL & ACADEMIC INFORMATION**

Name : .....

Metric ID no. : ..... IC no.: .....

Telephone no. : .....

Address : .....

.....

Programme : .....

Faculty : .....

Intake year : ..... Course work year: .....

<b>ACADEMIC STATUS</b> <i>Please fill in where applicable</i>				
	<b>KC</b>	<b>KB</b>	<b>P1</b>	<b>P2</b>
<b>CPA</b>				
<b>GPA</b>				

<b>PRIOR DEFERMENT</b> <i>Please fill in only if applicable</i>		<b>SEMESTER</b>	<b>SESSION</b>
<b>ACCOUNTED</b>			
<b>NOT ACCOUNTED</b>			

Applicant's signature : ..... Date: .....



**PART D: VERIFICATION BY DEAN/DEPUTY DEAN OF FACULTY**

*Please tick (✓) where applicable*

Recommended : Latest semester accounted for

Recommended : Latest semester not accounted for

Not Recommended (*Please elaborate*)

.....  
.....  
.....

..... Date: .....  
(Signature & official department stamp)

**PART E: VERIFICATION BY INTERNATIONAL OFFICE**

*Please tick (✓) where applicable*

Recommended

Not Recommended (*Please elaborate*)

.....  
.....  
.....

..... Date: .....  
(Signature & official department stamp)

**PART H: RECORDKEEPING BY ACADEMIC MANAGEMENT OFFICE**

Documents received on Date: .....

Deferment of Studies effective from Date: .....

Letter of Approval processed & issued on Date: .....

IMS Status updated on Date: .....

..... Date: .....  
(Signature & official department stamp)

Executive, or  
Assistant Administration