|  |  |  |
| --- | --- | --- |
| Name of student |  | Signature |
| Name of Programme |  | Department  |
| Date of Reg. | Reg. No. | Date of Request: |
| Nature of Request (Tick as appropriate)

|  |  |
| --- | --- |
|  | Deferment of registration |
|  | Medical (for examinations)Course: …………………………………….. |
|  | Overseas Leave |
|  | Repeat ExaminationCourse: …………………………………….. |
|  | Fallback optionPG Dip.: ……………………………………MSc: ……………………………………… |
|  | Extension (beyond the permitted period)Period: ………………………………….. |
|  | Other |

 |
| Observations of Coordinator |
| Name of Coordinator:  | Name of Head: |
| Signature: | Signature:  |
| Date: | Date: |