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| --- | --- | --- | --- | --- |
| 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 Examination  Course: …………………………………….. | |  | Fallback option  PG Dip.: ……………………………………  MSc: ……………………………………… | |  | Extension (beyond the permitted period)  Period: ………………………………….. | |  | Other | | | | | |
| Observations of Coordinator | | | | |
| Name of Coordinator: | | Name of Head: | | |
| Signature: | | Signature: | | |
| Date: | | Date: | | |