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: