Name of student					Signature	
Name of Programn	ne				Department	
Date of Reg.		Reg. No. Da		Date of Rec		
					1	
Nature of Request	(Tio	ck as appropriate)				
Deferment of registration						
Medical (for examinations)						
Course:						
Course.						
Overseas Leave						
Repeat Examination						
Course						
Fallback on	ion		_			
Fallback option PG Dip.:						
MSc:						
Extension (1	ev	ond the permitted period)				
Extension (beyond the permitted period) Period:						
Other						
			_			
Observations of Coordinator						

Name of Coordinator:	Name of Head:
Signature:	Signature:
Date:	Date: