



ALBUKHARY INTERNATIONAL UNIVERSITY
DU014(K)

APPLICATION FOR DEFERMENT OF STUDY

Instruction to the applicant:

1. Incomplete form will not be processed.
2. Deferment application is subject to the AIU's Academic Regulations.
3. Deferment application MUST obtain the FINAL recommendation from the Dean of School or Head of Centre.
4. Completed Section 1 of this form should be submitted to the School/Centre for recommendation and for the School/Centre to escalate the application to the Admission and Academic Management Department to be processed to obtain the Senate's decision.

SECTION 1: TO BE FILLED BY THE STUDENT

Name of the Applicant: _____

Student ID No.: _____ School/Centre: _____

Intake: _____

Home Address: _____

Postcode: _____ City & State: _____ Country : _____

Email address: _____ Contact Number : _____

I wish to defer my study from the programme (√) below:

(Please tick (√))

- | | | |
|---|--|---|
| <input type="checkbox"/> Foundation Studies | <input type="checkbox"/> Bachelor of Finance (Islamic Finance) (Honours) | <input type="checkbox"/> Bachelor of Computer Science (Honours) |
| <input type="checkbox"/> Bachelor of Business Administration (Hons) | <input type="checkbox"/> Bachelor of Social Development (Honours) | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Bachelor of Business Administration (Hons) (Marketing) | <input type="checkbox"/> Bachelor of Elementary Education (Honours) | _____ |
| <input type="checkbox"/> Bachelor of Business Administration (Hons) (Human Resource Management) | <input type="checkbox"/> Bachelor in Early Childhood Education (Honours) | _____ |
| <input type="checkbox"/> Bachelor of Politics and International Relations (Honours) | <input type="checkbox"/> Bachelor of Media and Communication (Honours) | |

Reason of my deferment application:

(Please tick (√))

- ☐ Financial Issue ☐ Medical Reason
- ☐ Other reason: _____

(Please state your reason)

I would like to apply for deferment for the duration of (√) below:

(Please tick (√))

- ☐ 1 semester only ☐ 2 Semesters only ☐ 3 Semesters (maximum)

My **current** Academic Session: **Semester** _____ / **Session** _____ / _____

I am applying to start deferring from Semester: _____ / Session _____ / _____

I have acknowledged and confirmed that my information and the application details given above is true.

.....

Applicant's Signature

.....

Date

Important Note:

1. This form consists of FIVE (5) Sections. School or Centre are required to complete **Section 2** and **Section 4** of this form.
2. The information beyond this part is not to be viewed by the applicant.
3. The School or Centre MUST submit this form to the Admission and Academic Management Department to be processed for the Senate's decision.

SECTION 2: TO BE FILLED BY THE ACADEMIC ADVISOR*For Office's use only*

I certify that the student's application has been reviewed by me and he/she has been advised by me at the School or Centre level, in determining the seriousness of his/her application. Considering all facts, circumstances and background of the student;

(Please tick (√))

☐**Support**

I hereby

the application for deferment of this student.

☐**Do not support**

If supported: The Advisor recommend the student to be deferred for the following duration as (√) below:

(Please tick (√))

☐

1 semester only

☐

2 Semesters only

☐

3 Semesters (maximum)

Student is suggested to start deferring on Semester ____ / Session ____ / ____.

Student is expected to return and to re-register for admission on Semester ____ / session ____ / ____.

Comments: _____

☐

Report is attached (if any)

☐

To be referred to the Counsellor, Student Affairs Department
(if necessary)

.....
Academic Advisor

Signature & Official Stamp

Name: _____

.....
Date

SECTION 3: TO BE FILLED BY THE COUNSELLOR

(if necessary, for counselling)

Important Note:

The information beyond this part is not to be viewed by the applicant.

For Office's use only

I have meet the student for ____ counselling session(s) on DD/MM/YYY & on DD/MM/YYYY. He/She has been directed to me by the School or Centre after he/she has been advised on his/her academic standing. I have counselled the students and;

(Please tick (√))

☐**Support**

I hereby

the application of this student.

☐**Do not support**

Comments: _____

☐

Counseling report is attached.

.....
Counsellor

Signature & Official Stamp

Name: _____

.....
Date

SECTION 4: TO BE FILLED BY THE DEAN OF SCHOOL / HEAD OF CENTRE

Important Note:

1. The information beyond this part is not to be viewed by the applicant.
2. The School or Centre MUST submit this form to the Admission and Academic Management Department to be processed for the Senate's approval.

For Office's use only

After considering the request from the student and reviewed the reports/comments from the Academic Advisor,

(Please tick (√))

I hereby ☐ **Recommend** the application to be brought for Senate's approval.
☐ **Not recommend**

If recommended: The School recommend the student to be deferred for the following duration as (√) below:

(Please tick (√)) ☐ 1 semester only ☐ 2 Semesters only ☐ 3 Semesters (maximum)

Student is suggested to start deferring on Semester ____ / Session ____ / ____

Student is expected to return and to re-register for admission on Semester ____ / session ____ / ____

Comments: _____

.....
Dean of School / Head of Centre

Signature & Official Stamp

Name: _____

.....
Date

SECTION 5: TO BE FILLED BY THE INTERNATIONAL STUDENTS SUPPORT UNIT

Remarks:*For Office's use only*

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

(Please tick (√))

I hereby ☐ **Support** the application of this student.
☐ **Do not support**

Comments: _____

.....
Verified by:

Signature & Official Stamp

Name: _____

.....
Date

SECTION 6.
TO BE FILLED BY ACADEMIC MANAGEMENT DEPARTMENT

For Office's use only

i. Date table to the Senate's Committee : ____/____/____

ii. SENATE PAPER NO. ____-____ [____]

iii. Notification to the applicant: The Senate has decided the student's application to be :

(Please tick (✓) the decision of the Senate based on the extraction from the Minutes of the Meeting: Minutes to be attached)

☐

Approved

☐

Approved with amendments

☐

Rejected

Student is suggested to start deferring on Semester ____ / Session ____/____

Student is expected to return and to re-register for admission on Semester ____ / session ____/____

a. Deferment

Letter Ref. No:

b. Date of the

letter:

____/____/____

Processing Officer's Name: _____ Date: _____