



ALBUKHARY INTERNATIONAL UNIVERSITY

APPLICATION FOR DEFERMENT OF STUDY FORM

Instructions 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.

SECTION 1 : TO BE FILLED BY THE STUDENT

Name : _____
Student ID No. : _____ Intake : _____
School/Centre : _____
Home Address : _____
Postcode : _____ City & State : _____ Country : _____

I wish to defer my study from the programme:

Reason for 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: **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 4 and Section 5.
2. The information beyond this part is not to be viewed by the applicant.

SECTION 2 : TO BE FILLED BY THE INTERNATIONAL STUDENTS SUPPORT UNIT*For Office's use only***Remarks:**

.....

Name

.....

Signature & Official Stamp

.....

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.

I have met the student for ____ counselling session(s) on _____ & _____. 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 student and;

(Please tick [√])

I hereby	<input type="checkbox"/> Support	the application for deferment of this student.
	<input type="checkbox"/> Do not support	

Comments: _____

☐ Counsellor report is attached.

.....

Name

.....

Signature & Official Stamp

.....

Date

SECTION 4 : TO BE FILLED BY THE ACADEMIC ADVISOR

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, to determine the seriousness of his/her application. Considering all facts, circumstances and background of the student.

(Please tick [√])

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

If supported: The Advisor recommends 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 (*if necessary*)

.....
Name

.....
Signature & Official Stamp

.....
Date

SECTION 5 : TO BE FILLED BY THE DEAN OF SCHOOL / DIRECTOR OF CENTRE

For Office's use only

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

(Please tick [√])

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

If recommend: 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: _____

.....
Name

.....
Signature & Official Stamp

.....
Date