PERDANA COLLEGE OF MALAYSIA
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FORM DF

ACADEMIC DEFERRAL FORM

Student's Name : _____ Student ID : _____

Current Semester : _____ Program : _____ Date : _____

I would like to defer my studies from the College for a period of ____ semester(s) (including/excluding* the current semester), starting from _____ (date).

Specify reason(s) for deferral: _____
_____
_____

I will be able to resume my studies at the College in the

Winter / Summer / Fall * Semester 20_____

I understand that I am subject to the following conditions:

1. Upon expiry of the deferral period, the students may register for the continuation of their studies. Failure to register for the semester subsequent to this period will result in the cancellation of the registration and the forfeiture of the student's deposits. Such students who then wish to continue their studies at a later date may apply for re-admission through the normal procedures.
2. Deferral will affect the duration of completion of the program. Due to subject scheduling, students who return after the deferral period may not have all the subjects available for them in the subsequent semester(s), which would prolong the date of completion of the program.
3. Deferral needs to have the approval of the guardian. Guardian can do so by countersigning in the space provided below.
4. Grades will be awarded on the basis of what the students have completed before the deferral and will appear in the transcript together with the appropriate notation.
5. Deferral will only comes into effect after the completed deferral form is received and approved by the Administrative Office.
6. Students must settle all outstanding accounts before the application for deferral can be approved.

I have read and understood the above conditions and agree to abide by them.

_____ _____
Student's Signature Guardian's Signature

Guardian's Name: _____

FOR OFFICE USE *Date Received:*_____

Comments: _____
_____
_____
_____

Approved By the Office of Academic Affairs: _____

Student Record Update (Office of the Registrar)
Updated by: _____ *Date:* _____

** delete whichever is not applicable*