



C.K.TedamUniversityofTechnology and Applied Sciences
School of Graduate Studies and Research

[Form SGSR-A2]

Postgraduate Deferment Form

Name of student: _____ Student ID number: _____

Department: _____ Degree/Scheme: _____
(e.g., MSc. Chemistry)

Contact Number: _____

Please indicate funding source ☐ self funded ☐ employer
☐ Other (specify) _____

If sponsored, has the sponsor been consulted about the proposed deferment Yes ☐ No ☐

If YES, please attach to this form a copy of the sponsor's response.

Date of deferment _____ (dd/mm/yy)

Date of resumption _____ (dd/mm/yy)

Reason for deferment (**please ensure that relevant supporting correspondence is attached if appropriate**):

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DEPARTMENTAL APPROVAL

Supervisor's Signature: _____

Date: _____

Head of Department Signature: _____

Date: _____

Institutional decision	Request approved <input type="checkbox"/>	Request rejected <input type="checkbox"/>
	Deferment for _____ months	Resumption date: _____
	Signed: _____	Date: _____