



Deferment, suspension and cancellation request of course

First Name: _____ Last Name: _____ Gender: F / M

Date of Birth: ___ / ___ / _____ Passport No.: _____

Course Enrolled: _____

Course Commencement Date: ___ / ___ / _____

Course Completion Date: ___ / ___ / _____

Please select one of the following:

Deferment request of course

Reason: _____

Evidence: _____

Suspension request of course

Reason: _____

Evidence: _____

Cancellation request of course

Reason: _____

Evidence: _____

Student declaration

I fully understand the consequences of my request for course deferment, suspension or cancellation.

Signature: _____

Date: _____

Office use only

Date received: ___ / ___ / _____

Approved ground: _____

Disapproved reason: _____

➤ CoE variation completed Yes/ No / Not applicable

Admission officer's signature: _____ Date: ___ / ___ / _____