
REQUEST FOR DEFERMENT FROM STUDY

| Student ID | First Name | Family Name | Phone/Email | USI |
|------------|------------|-------------|-------------|-----|
| | | | | |
| Course | | | | |

Instruction:

Please write down clearly what you wish to communicate. If you wish to suspend your classes for any length of time, please indicate this clearly and give reasons/explanations where possible. You must read the latest version of InTech Deferment, Cancellation and Suspension Policy. You must also provide all evidence to support your request.

Start date of deferment: ____/____/____

End date of deferment: ____/____/____

Student Signature: _____

Date: ____/____/____

For Office Use Only

| | | |
|--|--|--|
| Change accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No | Change of the end date: <input type="checkbox"/> Yes <input type="checkbox"/> No | Refund given: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Documents provided: <input type="checkbox"/> Yes <input type="checkbox"/> No | Resource given: <input type="checkbox"/> Yes <input type="checkbox"/> No | Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Administration Signature: _____

Date: ____/____/____