

REQUEST FOR DEFERMENT OF EXAMINATION

Student Name: _____

University ID: _____ Level: _____ Batch Code: _____

Address: _____

Contact Numbers: _____ (M) Email: _____

I, _____ (Student ID No.) _____ wish to request for deferment of the (please tick ONE box accordingly):

Main Examination (Module/s)

Title: _____

Supplementary Examination (Module/s)

Title: _____

Reasons for Deferment (Supporting documents e.g. a letter from your employer, medical documents or any other supporting documentation must be attached with this completed form.)

Academic Difficulties (please state specifics) _____

Work Related (please state specifics) _____

Family Issues (please state specifics) _____

Others (please state specifics) _____

Terms and Conditions for Deferment of Examination:

- Please ensure that **ALL** parts of this form are completed before submission and that the form is signed and dated. **Please ensure that your supporting documentation is attached with this form.**
- This form must be submitted to MDIS at least three weeks **before** the examination date/s.
- Late submission of this form will not be accepted or entertained.
- Examination Unit will review your request for deferment based on the reason(s) you stated on this form and the supporting documentation you provided. Approval of your request for deferment is at the sole discretion of MDIS Examination Unit.
- It is the responsibility of the student to find out the outcome of his/her request for deferment i.e. whether it is approved/rejected before the scheduled examination date(s).
- A mark of '0' (**ZERO**) will be given for any module(s) if the student did not sit for the examination which his/her request for deferment was disapproved/rejected.
- Please inform your coordinator in writing one week before the examination date(s) should you decide to sit for the examination after your request for deferment has been approved.

I have read and I agree to the above terms and conditions.

Student Signature: _____ Date: _____

(For Official Use)

Approved

Not approved

EU Manager: _____ Date: _____