



Submit this form together with relevant supporting documents directly to your School

**APPLICATION FOR DEFERMENT OF STUDIES**

*This form may take you 5 minutes to complete. You are advised to read the following notes carefully before completing the form. The data and documents provided to Singapore Polytechnic will be kept strictly confidential and used for the purpose of this application only. Thank you.*

1. Students are to submit this form together with supporting documents (e.g. doctor's medical report, etc.) directly to their School. This application would not be processed without the relevant supporting documents.
2. Students are to talk to their Personal tutor & Course Chair before submitting the form.
3. The form must be submitted before the commencement of the examinations.

<b>Part I: To be completed by student</b>	
Name :	
Admission No. :	Course :
Contact No. :	Email :
<b>I wish to apply for deferment for: <span style="float: right;">(Please check the appropriate box)</span></b>	
Duration: <input type="checkbox"/> 1 Semester: AY ___/___ Sem ___ <input type="checkbox"/> 2 Consecutive Semesters: AY ___/___ Sem ___ and <span style="float: right;">AY ___/___ Sem ___</span>	
I will return to continue with my studies in AY ___/___ Sem ___.	
<b>Reason for application: <span style="float: right;">(Please attach supporting documents)</span></b>	
<b>Declaration: I have read and understood the following.</b>	
I confirm that the particulars and information furnished in this form and all accompanying documents are true and accurate to the best of my knowledge, and I have not wilfully suppressed any material fact. I understand that disciplinary action will be taken against me if any of the supporting documents is found to be untrue.	
Signature of Student: _____	Date: _____
Name and Signature of Parent: _____ (if student is under 21)	Date: _____

**Part II: To be completed by Personal Tutor**

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**Part III: To be completed by Course Chair**

Decision: This student's application for deferment of studies is:

(Please ✓):

- SUPPORTED FOR 1 SEMESTER     
  SUPPORTED FOR 2 CONSECUTIVE SEMESTERS  
  
 NOT SUPPORTED

Reason/ Remarks :

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\_\_\_\_\_  
Name of Course Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part IV: To be completed by Director of Academic School**

Decision: This student's application for deferment of studies is:

(Please ✓):

- APPROVED     
  NOT APPROVED

Reason/ Remarks :

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\_\_\_\_\_  
Name of Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part V: To be completed by Admissions Office**

Comments by Admissions Manager:

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Name / Date: \_\_\_\_\_

Record updated in SAS:

Name / Date: \_\_\_\_\_

- Letter sent to inform student  
 Copy of letter sent to School and DSA  
 Student File