

APPLICATION FOR DEFERMENT OF STUDY

Section II (To be completed by Head of Department/Student advisor & Dean)

Head of Department:

Recommended: Not recommended:

Head of Department:/Student advisor:

Date: _____

Dean's Comment:

Recommended: Not Recommended:

Dean's Signature & Stamp:

Date: _____

Section III (To be completed by Accounting Office)

For Accounting Office	
Comment : _____	
Name : _____	Stamp :
Signature & Date : _____	

NOTE: Submitted to the Registration and Admission Office (F1-02) for taking necessary action.

For Registration And Admission Office (please tick (√) in the appropriate box)	
Semester :	Count <input type="checkbox"/> Not Count : <input type="checkbox"/> With valid medical proof
Checked and updated by : _____	Stamp :
Signature & Date : _____	

APPLICATION FOR DEFERMENT OF STUDY

Note: Please refer the following code for student's programme.

Code	Program Name
HS241	BACHELOR OF HEALTH SCIENCE (MEDICAL LABORATORY TECHNOLOGY)
HS242	BACHELOR OF HEALTH SCIENCE (MEDICAL IMAGING)
HA246	BACHELOR OF HEALTH SCIENCE (OPTOMETRY)
PH240	BACHELOR OF PHARMACY (PHARMACY)
DS240	BACHELOR OF DENTISTRY (DENTAL SURGERY)
SCSR	BACHELOR OF COMPUTER SCIENCE (COMPUTER NETWORK AND SECURITY)
SCSJ	BACHELOR OF COMPUTER SCIENCE (SOFTWARE ENGINEERING)
CDCS240	BACHELOR OF COMPUTER SCIENCE (INFORMATION TECHNOLOGY)
SHAR	BACHELOR OF SCIENCE (HUMAN RESOURCE DEVELOPMENT)
SBSD	BACHELOR OF MANAGEMENT (TECHNOLOGY)
	BACHELOR OF INTERNATIONAL BUSINESS

QAIWAN INTERNATIONAL UNIVERSITY CONSEQUENCE OF DEFERMENT FORM

Student Name : _____

Department : _____

Student ID : _____

Academic Year : _____

Deferment Semester : _____

Return to the academic Semester on : _____

Number of Deferred semester(s) : _____

Consequence of deferment after completing the duration of deferment (this part will be filled by the respected Dean of the faculty):

Respected Dean of Faculty: _____

Student Name:

Name:

Signature:

Signature:

Date:

Date: