

REGISTRATION AND ADMISSION OFFICE

APPLICATION FOR DEFERMENT OF STUDY

Form No.: DR-FO-004

Version: 1

Effective Date: 23/7/2019
Office: Registration And Admission
Office (F1-02)

Page (s) : 2

Section I (To be completed by Student)

Full Name	:				
National ID/Passport	:				
Matric No.	:		e.g: QU180134		
Programme	:	(refer note at the end of this form)			
Faculty	:				
Department	:				
_			Personal		
I.I will return to continue my study in Session Semester(e.g: in 2-2009/2010)					
Explain in detail about re	eason as mentioned in (2):				
center As I (nt of study is medical reason, pleas) fer the study. (please attach cop	have signed this form. I un			
Student's Signature :		Date :_			
Tel Number :		Email :			



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Head of Department:		_	Dean's Comment:
Recommended: Head of Department:/S	Not recommended: Student advisor:		Recommended: Not Recommended: Dean's Signature & Stamp:
	d by Accounting Office		Date:
Comment :			
Name:			 Stamp :
E: Submitted to the	Registration and Ad	mission	Office (F1-02) for taking necessary action.
For	Registration And Adm	ission Off	ice (please tick (√) in the appropriate box)
emester :	Count		Not Count : With valid medical proof
hecked and updated by	/:		
ignature & Date :			Stamp :



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

Code	Program Name
HS241	BACHELOR OF HEALTH SCIENCE (MEDICAL LABORTORY TECHNOLOGY)
HS242	BACHELOR OF HEALTH SCIENCE (MEDICAL IMAGING)
HA246	BACHELOR OF HEALTH SCIENCE (OPTOMETRY)
PH240	BACHELOR OF PHARMACY (PHARMACY)
DS240	BACHELOR OF DENTESTRY (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 conrespected Dean of the faculty):	nple	ting the duration of deferment (this part will be filled by the
Respected Dean of Faculty:		Student Name:
Name:		Signature:
Signature:		Date:
Date:		