

**APPLICATION FORM FOR DEFERRAL OF EXAMINATIONS AND OTHERS FORMS
OF ASSESSMENT**

Surname

First Names

Student ID Number

Email

Programme

Year of Study

Address for Correspondence

Tel

EU

Non EU/Non EEA

Reason for Deferral:

Details of the reason(s) for seeking a deferral to the August Repeat/2nd Sitting examination session should be given below (Use an additional page if necessary). Please note that relevant certification, as set out in the accompanying guide, in support of your application must be supplied.

It will not be possible to consider applications submitted without appropriate supporting documentation.

Details of examination(s) for which deferral is being sought:

Please list below the module(s) to which your application refers (Please list Module Code and Module Name).

Module Code:	Module Name:
Module Code:	Module Name:

Is this your first time to seek a deferral? Y N

Student's Signature _____ Date _____

College Office or office delegated by the College

I hereby certify that the student named above discussed his/her application for deferral with me and I:

Approve Reject this deferral.

Brief reason for rejection:

Recommendation of Programme Director/ Year Leader in light of above statement:

	Yes	No
Recommend Grant Deferral		

Programme Director Signature _____

Please indicate when the student will now take this module(s). Please include the examination period and academic year in which the student is expected to take the module(s):

Signature of Dean of College or nominee: _____

Date: _____

Deferral requests for non-EU students are to be signed by the International Office before being submitted to the College Office:

International Office Signature:

International Office Date Stamp

For College Office Use Only

Supporting Documentation:

Email sent to student:

Exams Office Notified:

Lecturer Notified:

Approved by Standing Committee, 24th October 2012