

APPLICATION FOR DEFERMENT OF STUDY

Note: This form is affective for one semester only

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 : _____

Please tick (✓) in the appropriate box

1. Have you had deferred your study before ?

☐ Yes ☐ No

2. Deferment due to :

☐ Medical ☐ Personal

If Yes, I deferred during: Semester _____

3. I wish to defer my study during : Semester _____ (e.g: in 2-2009/2010)

4. I will return to continue my study in Session Semester _____ (e.g: in 2-2009/2010)

Explain in detail about reason as mentioned in (2):

If the reason of deferment of study is medical reason, please attach the medical report from the doctor or medical center

As I (.....) have signed this form. I understand that I have to pay 30% of tuition fee, in order to defer the study. **(please attach copy of receipt of payment)**

Student's Signature : _____ Date : _____

Tel Number : _____ Email : _____

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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 : _____	
Signature & Date : _____	Stamp :

For Academic Division (please tick (✓) in the appropriate box)	
Semester :	Count <input type="checkbox"/> Not Count : <input type="checkbox"/> With valid medical proof
Checked and updated by : _____	
Signature & 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)
BA276	BACHELOR OF SCIENCE (INTERNATIONAL BUSINESS)

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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:

Name

Signature

Date

Student

Name

Signature

Date