

REGISTRAR ACADEMIC AFFAIRS

DEFERMENT APPLICATION FORM

Instructions:

- 1. This form is intended for use by students who wish to defer either their studies or examinations. Requests for deferral are not automatically granted but are decided on a case by case basis.
- 2. Supportive documents must be attached to each application. The application will not be processed without supporting documentation.
- ${\it 3.} \quad \hbox{If approved, deferred exams are re-scheduled as special examinations}$

SECTION A:	PERSONAL DETAILS		
Surname:			Other Names:
Student Registration	No.:	Nationa	l ID/Passport No.:
Postal Address:		Postcod	e:
Telephone:	Email A	ddress: .	
SECTION B:	DEFERMENT DETAIL	LS	
School:			
Programme Name:			
Year of study:(eg 1st	year) Acaden	nic Year:	Semester:
Nature of Defermen	t :(tick□□ where appropriate)		
a) Studies]		
One acader	nic year		
· ·	• /		
Note: KUCCPS stud	lents with one intake per year wil	ll be requ	ired to apply to defer for one academic year.
b) Examinations			
Course Code(s):			
		• • • • • • • • • • • • • • • • • • • •	
Date of examination			
Reasons for deferme	ent: Please tick	ite boy (e	s). This section must be completed for your
application to be cor		10 00x (C	s). This section must be completed for your
			XX 11
Financial Health		\mathbb{H}	Unable to meet other conditions of offer in time Other
Teatti			ouer
If other, please speci	ify:		
Signature:	Date	:	
SECTION C:	OFFICIAL USE ONLY	7	
Head of Depart	ment		
Accepted			Rejected
Reasons if rejected:.			
			Date/ Official stamp:
Dean of School			
Accepted			Rejected
Reasons if rejected:.			
Name:	Signatur	re	Date/ Official stamp:

Registrar, Academic & Student Affairs Accepted Rejected Reasons if rejected: Cc: Dean of Students Finance Officer Health Unit School REASONS FOR DEFERMENT Students may apply for a deferment of examination, if they are not able to attend an examination on a particular date(s) on the grounds of illness, accident, temporary disability, sporting or cultural commitments at a state or national level, bereavement, compassionate circumstances and financial. An application for deferred examination is only applicable where the assessment item or examination has NOT BEEN attempted. IMPORTANT NOTE: Applications may be rejected if there is reason to believe that a student is seeking to achieve an unfair advantage through deferred assessment. This judgment may be based on the particular circumstances of the application together with the student's academic record and history of deferred examination applications. DOCUMENTARY EVIDENCE Applying for a Deferment of Examination on medical grounds Students applying for deferred assessment on medical grounds must submit a medical certificate, completed by a registered medical or dental practitioner stating: The date on which the practitioner examined the student, the severity and duration of the complaint and the practitioner's opinion of the effect of the complaint on the student's ability to undertake the assessment item. Please note that in all cases the certificate must contain the Medical Practitioner's stamp where indicated, or, the Medical Practitioner's contact details. Students are advised to keep a photocopy of the completed original Certificate for their records. Applying for a Deferment of Examination on Compassionate Grounds Compassionate grounds might include: Death of a family member or close relative, Serious illness of a family member or close relative and involvement in an accident where this does not involve injury (if injured a medical certificate would be appropriate) Appropriate documentary evidence for compassionate grounds might include: Bereavement notice, copy of accident report Applying for a Deferment of Examination on Financial Grounds: Failure to raise requisite fee for the semester Appropriate documentary evidence for financial grounds might include: A duly signed clearance form by the Finance Officer indicating the fee balance, course registration form, duly signed. STUDENT DECLARATION Applicants must read the 'Reasons for Deferment' and 'Documentary Evidence' sections outlined in the Deferment Application **Information Sheet** above and sign this form or this form will not be processed.

I have read and understood the 'Reasons for Deferment' section outlined in the Information Sheet. According to these guidelines I believe

Date:

I am eligible for Deferred Sitting. I have attached supporting documentary evidence to this application form.

Signature: