



## Application for Deferment of Assignments/Exams

Please complete and return to Student Services Counter together with your valid medical certificate

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Programme of Study \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email address \_\_\_\_\_

I wish to (please tick):

Request for an extension in my assessment task(s)

Request for a deferment (postponement) of my exam(s)

Unit code/title	Lecturer	Assessment Task Name	Due Date	Requested Due Date

### Grounds for Application

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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for submitting your form and medical certificate to our attention.

Please allow 24 hours for your query to be processed. The outcome of your query will be communicated to you within three (3) working days at latest.

**For Office use:**

**FORWARD FORM TO HEAD OF FACULTY**

<b>Unit code/title</b>	<b>Lecturer</b>	<b>Assessment Task Name</b>	<b>Approval Status (Yes/No)</b>	<b>Due Date is now</b>	<b>Reasons for non-approval</b>	<b>Signature of lecturer</b>	<b>Signature of Head of Faculty</b>	<b>Date</b>

**For Office use:**

**Actions taken by CTI to communicate to student**

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**Feedback given by: \_\_\_\_\_ Date given: \_\_\_\_\_**