



CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE

DEFERMENT APPLICATION FORM

This form is to be used to apply for deferment from your enrolled academic programme. Deferment is normally granted for one year or two consecutive semesters. If you want to extend your deferment, you must re-apply and your faculty/Registrar will determine whether an extension is possible as long as the cumulative period of deferment does not exceed one year. A newly admitted students who want to defer must pay his or her

Fees

All students whose applications are denied forfeit their fees paid

Closing Date

All deferment applications must be submitted before the 6th week of the semester in which the application is made.

Approval

Your application will be assessed by the Registrar and your faculty and you will be notified of the outcome. If your application is approved, any registered course will be automatically de-registered.

You are still considered to be a student of the University for the period of your deferment. To maintain your enrolment after this time, you must observe the scheduled re-enrolment dates for the following year and update your address details at all times.

Submitting this Application

Submit your application to the Registrar's Office.

Resumption

You are expected to resume/start your studies on the date specified on the response letter to this application. When you report for resumption, you must complete a Deferment Resumption form and submit it to the Registrar's Office

Commencement Date of the Current Semester:.....

Number of Weeks into the Current Semester:.....

Registry's Date Stamp:

Signature of Receiving Officer:

SECTION A: PERSONAL DETAILS

Student's Index Number: [] Address: []
Student's Full Name: [] Phone Number: []
Email Address: []

SECTION B: DETAILS OF CURRENT ENROLMENT

Faculty: [] Student Status (Please mark (v) your current status only)
i. Regular Student []
ii. Weekend Student (January Admissions) []
iii. Weekend Student (August Admissions) []
Level: []
Year of Admission: []

SECTION C: DETAILS OF DEFERMENT

Period of Deferment: Academic Year:..... Semester :1st [] 2nd [] Reason(s) for deferment, (where necessary provide supporting document):
Resumption: Academic Year:..... Semester :1st [] 2nd []

SECTION E: APPLICANT'S DECLARATION

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that provision of incorrect or the withholding of relevant information relating to my application may delay the assessing of my application.

Signature:..... Date:.....

Office Use Only (Faculty's Recommendation and Registrar's Approval)

Recommended [] Reason(s) if not recommended:
Not Recommended []

Faculty Dean: Name:.....Signature:.....Date:.....

This form must now be submitted to the Registrar's Office for official communication to the student

Registrar: Approved [] Not Approved [] Signature:.....Date:.....