



CATHOLIC UNIVERSITY COLLEGE OF GHANA, FIAPRE

DEFERMENT RESUMPTION FORM

This Form is to be completed when a student reports from deferment to continue his/her studies. This form when completed, must be submitted to the Registrar's Office.

Registry's Received Stamp:

Signature of Receiving Officer:

SECTION A: PERSONAL DETAILS

Student's Index Number:

Address:

Student's Full Name:

Phone Number:

Email Address:

Faculty:

Student Status (Please mark (v) your current status only)

i. Regular Student

Level:

ii. Weekend Student (January Admissions)

Year of Admission:

iii. Weekend Student (August Admissions)

SECTION B: DEFERMENT AND RESUMPTION DETAILS

Resumption:	Date of Resumption:.....	<i>Please note that you will pay the appropriate fees if you require to switch your current student status upon resumption. You may contact the Finance Office for the required amount to pay. The payment receipt from CUCG Finance Office must be attached to this form.</i>
	Academic Year:..... Semester :1st [] 2nd []	
Period of Deferment:	Date of last Deferment:.....	
	Academic Year:..... Semester :1st [] 2nd []	
	Academic Year:..... Semester :1st [] 2nd []	

Signature of Student:.....Date:.....

Office Use Only (Registrar's Office)

Registrar's Comment:	<input type="text"/>
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Name:.....Signature:.....Date:.....

Distribution:

1. The Student
2. Faculty's Office
3. Examinations Office
4. Finance Office
5. Internal Audit Office
6. Dean of Students Affairs