

OFFICE USE ONLY:

Course Co-Ordinator/Research Supervisor:

I support this student's application for deferral of module(s)

I do not support this student's application for deferral of module(s)

Please outline reason for refusal:

Course Co-Ordinator/Research Supervisor Signature _____

Date: _____

Head of Department/Head of Faculty:

I support this student's application for deferral of module(s)

I do not support this student's application for deferral of module(s)

Please outline reason for refusal:

HoD/HoF Signature: _____ **Date:** _____

Registrar:

I approve this student's application for deferral of module(s)

I do not approve this student's application for deferral of module(s)

Please outline reason for refusal:

Registrar Signature: _____ **Date:** _____

Comments: