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| **Deferral of Module Assessment Application Form** |  |

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| **Student Name** |  | **Student Number** |  |
| **Programme Title** |  | **Year** |  |
| **Mobile Number** |  | **Email Address** |  |
| **Address for Correspondence** |  | | |

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| **Module Code** | **Module/Subject Title** | **Credits** | **Exam Session From** | **Exam Session To** |
| *Include the module code eg VART H2017* | *List the full name of the module here* | *Insert the number of credits per module* | *Record the current exam session, ie Summer 2020* | *Record the exam session for which you intend to complete the module, ie Autumn 2020* |
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| **Exam Sessions are only SUMMER OR AUTUMN of each year – please do not insert any other date**  **Information on Module Codes, Titles and Credits can be sought via your Faculty Administrative Office** | | | | |

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| **I wish to have the modules listed above assessed at a later sitting (deferred) without academic penalty (I/IS/IA Grade)** | | | |
| **Student Signature** |  | **Date** |  |

**Students:** Please complete and return this form to your Faculty Administrator for processing. Attach a letter outlining your reasons for seeking this deferral along with any supporting documentation such as medical certificates.

**PLEASE NOTE:** Deferral of a module is by special arrangement only at the discretion of the Institute and strict conditions apply. Deferrals should be submitted in advance of assessments but no later than **one week after the relevant exam/assessment period.**

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| **For Office Use Only** |

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| **Programme Chair/Co-ordinator** | | | | | |
| **I support this student’s application for a Leave of Absence** | | **Yes** |  | **No** |  |
| **If you answered No, please outlines reasons for this** | |  | | | |
| **Signature of Programme Chair** |  | | | **Date** |  |

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| **Head of Department/Head of Faculty** | | | | | |
| **I support this student’s application for a Leave of Absence** | | **Yes** |  | **No** |  |
| **If you answered No, please outlines reasons for this** | |  | | | |
| **Signature of HoD/HoF** |  | | | **Date** |  |

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| **Registrar** | | | | | |
| **I support this student’s application for a Leave of Absence** | | **Yes** |  | **No** |  |
| **If you answered No, please outlines reasons for this** | |  | | | |
| **Signature of Registrar** |  | | | **Date** |  |

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| **Comments** |
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