



# EXAMINATION DEFERRAL REQUEST FORM

DIN: RUW-OR/FE-T-005  
RN: 00  
ED: 20/05/2012

Student's name: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Academic year: \_\_\_\_\_ / \_\_\_\_\_ Semester:  1ST  2ND  SUMMER

State the course for which you are requesting deferral:

	Course code	Section	Course title
E.g.	B U S 4 0 5	0 1	Commercial Bank Management

Date of missed Exam: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

Reasons for the deferral request: \_\_\_\_\_

Supporting documentation must be attached to the form. For claims based on **medical circumstances** you must provide a medical certificate issued by a certified medical practitioner. For all other claims you must provide evidence from a legitimate source:

- Approved students shall sit their deferred exams on the **first week of the following semester**; thereafter alternative dates for deferred exams shall be announced by the Office of the Registrar.
- The completed and signed form should be returned to the Registrar's Office **within 48 hours** of the missed examination/assignment time.

Encl. 1. \_\_\_\_\_  
2. \_\_\_\_\_

Student: \_\_\_\_\_  
Name (print) Signature \_\_\_\_\_ / \_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

**Instructor:** \_\_\_\_\_  
Name (print) Signature \_\_\_\_\_ / \_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

**Dean/Director:** \_\_\_\_\_  
Name (print) Signature \_\_\_\_\_ / \_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

**Finance Officer:** Receipt No. \_\_\_\_\_  
Name (print) Signature \_\_\_\_\_ / \_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

**Registrar:** \_\_\_\_\_  
Name (print) Signature \_\_\_\_\_ / \_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

CC: Student's Record  
Deferred Examination File