



University of Vavuniya
Faculty of Applied Science
Application for Deferment of Studies

Student Information

- Full Name:
- Registration No:
- Course of Study:,.....
- Registered Academic Year:
- Contact Number:
- Email Address:

Deferment Details

- Academic Year to which Deferment is requested:
- Semester(s) Requesting Deferment:
☐ Semester 1 ☐ Semester 2 ☐ Whole Academic Year

- Reason for Deferment:

- ☐ Medical
- ☐ Financial
- ☐ Employment/Internship
- ☐ Other:

State the reason in briefly:
.....
.....

- Supporting Documents Attached:

- ☐ Medical certificate ☐ Financial statements ☐ Others

- Declaration

I hereby declare that the information provided above are true and accurate to best of my knowledge.

Signature:

Date:

(Office Use Only) Ref. No.:

Recommendation of Academic Counsellor

Request is Recommended/ Not Recommended/ Forwarded.

Remarks (if any):

Name of the Academic Counsellor:

Signature:

Date:

Recommendation of Head of Department

Request is Recommended/ Not Recommended/ Forwarded.

Signature:

Date:

Recommendation of Dean of the Faculty

Request is Recommended and Place it to Faculty Board/ Not Recommended.

Signature:

Date:

FOR OFFICE USE

The **Faculty Board** at its Meeting held onhas recommended.

The **Senate** at its Meeting held onhas approved/ not approved.

Signature of the Assistant Registrar/ Senior Assistant Registrar of the Faculty

Date:

Official Stamp: