

## REQUEST FOR DEFERMENT FORM

Effective for Academic Year \_\_\_\_\_

**Please contact your tutor-counsellor or CSM Academy Int'l for prior consultation**

**Important Notes:**

- 1. Approval for all applications will be given at the sole discretion of the Academy and the decision made will be final.**
- 2. There will be no refund of course fees for deferment.**

Student Name: \_\_\_\_\_

NRIC No./ PP No.: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

Programme: \_\_\_\_\_ Intake: \_\_\_\_\_

Defer From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for Deferment (Please attach relevant documents to support your application):

**I hereby certify that all the information given above is correct. I will abide by the terms and conditions governing this application.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date of Request

**FOR OFFICIAL USE ONLY**

Manager-in-charge: \_\_\_\_\_

Recommendations:

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\_\_\_\_\_  
Manager's Signature/ Date

**Approved/ Disapproved**

Other remarks:

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