

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME  
APPLICATION FOR DEFERMENT

INFORMATION:

1. The deferment of admission is not allowed for more than 12 months from the registration date stipulated in the offer letter.
2. Kindly obtain the recommendation from the supervisor and co-supervisor (Structure A) or the programme coordinator (Structure B and C) in PART II before submit this form to IPS.

PART I: TO BE COMPLETED BY THE CANDIDATE (Please circle the relevant)

FULL NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

PROGRAMME: \_\_\_\_\_ FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB  
For Structure A : M.Phil. (Mgmt.) / M.Eng.Sc. / M.Sc. (I.T.) /  
 M.Sc. (C.M.) / Ph.D. (Mgmt.) / Ph.D. (Eng.) / Ph.D. (I.T.) / Ph.D. (C.M.)

For Structure B & C : M.Eng (Tele) / M.Eng (Micro) / M.Eng (Photonics) /  
 M.Eng (Embedded System) / M.Eng(Advance Manufacturing Mgmt.) /  
 MBA / DBA / MKM with Multimedia / MKM (E-Learning Tech.) /  
 M.IT (Multimedia Comp.) / M.Comp.Sc. / M.IT (Info. Sys)

CAMPUS: CYBERJAYA/MELAKA/PSDC/OTHERS NATIONALITY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE PHONE NO.: \_\_\_\_\_

MODE OF STUDY: FULL TIME/ PART TIME GENDER: MALE/FEMALE

Reason for deferment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Structure A only

Defer from: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 dd mm yr

Defer to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 dd mm yr

For Structure B & C only

Defer from Intake: February/June/October \_\_\_\_  
 yr

Defer to Intake: February/June/October \_\_\_\_  
 yr

Signature of candidate: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 dd mm yr

**PART II: RECOMMENDATION FROM SUPERVISOR & CO-SUPERVISOR/PROGRAMME COORDINATOR**  
(Kindly tick the appropriate)

*For Structure A only:*

**SUPERVISOR**

RECOMMENDED

NOT RECOMMENDED

NAME OF SUPERVISOR: \_\_\_\_\_ SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_

**CO-SUPERVISOR**

RECOMMENDED

NOT RECOMMENDED

NAME OF CO-SUPERVISOR: \_\_\_\_\_ SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_

*For Structure B&C only:*

**PROGRAMME COORDINATOR**

RECOMMENDED

NOT RECOMMENDED

Defer to Intake: February/June/October \_\_\_\_\_  
yr

NAME OF PROGRAMME COORDINATOR: \_\_\_\_\_ SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_

**PART III : FOR INSTITUTE FOR POSTGRADUATE STUDIES USE**

New Registration Date/Intake: \_\_\_\_\_

**Approval by the Dean of IPS**

Approved

Not Approved

Signature of IPS Dean : \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr