

INSTITUTE FOR POSTGRADUATE STUDIES

**POSTGRADUATE PROGRAMME
APPLICATION FOR DEFERMENT**

1. The deferment of admission is not allowed for more than 12 months from the registration date stipulated in the offer letter.

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

FULL NAME:	ID NUMBER:
PROGRAMME:	FACULTY:
MODE OF STUDY:	NATIONALITY:
PERSONAL EMAIL:	MOBILE PHONE NO.:
DATE OF OFFER LETTER:	INTAKE:
CORRESPONDENCE ADDRESS:	

REASON FOR DEFERMENT:

Reason for deferment: _____

Programmes by Research only

Defer from: ____/____/____
 dd mm yr

Defer to: ____/____/____
 dd mm yr

Programmes by Coursework/Mixed Mode only

Defer from Intake: ____/____
 mm yr

Defer to Intake: ____/____
 mm yr

SIGNATURE OF CANDIDATE: _____ DATE: _____

PART II: FOR IPS USE

DATE

SIGNATURE AND OFFICIAL STAMP

INSTITUTE FOR POSTGRADUATE STUDIES
Received and Verified