



COURSE/ EXAM DEFERMENT FORM

TO BE FILLED BY STUDENT

Student's Name : _____ Student's Regn No.: _____

NRIC/ FIN No. : _____ Student Pass Expiry Date: _____

Name of Course : _____ Course Code: _____

Course Start Date : _____

Course End Date : _____

Reason for Deferment:

Financial Family Problem Work Commitment Reservist

Medial Others (Please specify) _____

I affirm that I have fully read and understood Malvern International Academy Deferment Policy as stated in the Student Handbook.

Student's Name & Signature

Date

Parent/ Guardian's Name & Signature
(If student is below 18 years of age)

Date

FOR OFFICIAL USE ONLY

Attended By: _____ Approved/ Not Approved By: _____

Staff's Name & Signature

Head, Academic

Date