



Your Personal Details

Full Name

Student Number National ID card Number

Contact Number Email ID

Specific duration of absence

Date(s) of absence _____

Nature of the excusable absence (see student absence policy clause 10)

Detailed explanation of the nature of absence

Examination for Deferment /Special Consideration (to be filled by the student)

Course Name Batch Number

Faculty Campus

Examination(s) for deferment on the basis of medical report			For Office Use
Subject Code	Subject	Scheduled Date	Deferment Approved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date Signature

OFFICE USE ONLY

Received by: <input type="text"/>	Date: <input type="text"/>	Form complete: Yes / No <input type="text"/>	Date student informed <input type="text"/>
Date Faculty notified: <input type="text"/>	Record amended by: <input type="text"/>	Letter reference: <input type="text"/>	