

APPLICATION FOR DEFERMENT FROM A PROGRAM



Please complete all the sections, incomplete application will be returned

SECTION 1: PERSONAL DETAILS

Name of the Candidate: MR MS MRS _____

National ID Number: _____ D.O.B: DD/MM/YYYY

Current Course/Level: _____ Course Commencement Date: DD/MM/YYYY

Receipt/ Invoice No.: _____ Date of Final Attendance: DD/MM/YYYY

Contact No.: _____ Email Address: _____

Are you sponsored? Yes No

If yes, Name of the Sponsor: _____

(Attach a written and signed approval from your sponsor)

SECTION 2: REASON FOR DEFERMENT *(Indicate your primary reason by ticking one of the following)*

- Medical *(Attach MC)* Financial Constraints Personal
 Work Commitments Other _____

SECTION 3: DECLARATION

I hereby submit my request for deferment of study with MAPS College for _____ (length of deferment).

I understand that (a) this request will be considered solely on the basis of the information above and the documents provided, (b) the result of this request is final, and that (c) I agree to bear all consequences resulting from this deferment.

I understand that the request is not automatically granted and it is my responsibility to follow up with MAPS College on the status of the request and the lesson schedule for continuation of the course (after deferment period expires).

I hereby acknowledge that my fee amount of MVR _____ will be transferred for later study with MAPS College and this fee will be forfeited if I failed to recommence my study.

Student Signature: _____

Date: _____

For office use only:		
Request Received and Verified By: Signature: _____ Date: _____	Deferment and Fee Transfer Approved By: Signature: _____ Date: _____	Fee Transfer Processed by: Signature: _____ Date: _____
Deferment Processed and Student Notified By: Signature: _____ Date: _____	Remarks of Request (If any):	Office Stamp

