



# Application for Deferment from a Program

002 – MAPS  
Version 2.0 | Nov 2022

## Student Details:

Student Name:			
National ID / Passport Number:		Contact Number:	
Course Name:			

## Deferment Details:

Are you sponsored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Name of Sponsor:		
Reason for Deferment: (Indicate your primary reason by ticking one of the following)	<input type="checkbox"/> Medical <input type="checkbox"/> Financial Constraints <input type="checkbox"/> Personal <input type="checkbox"/> Work Commitments <input type="checkbox"/> Other (Please give reason below) _____ _____	

## 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 apply for recommencement of studies before the deferment period expires, and if the duration exceeds 1 year, I am required to submit a new application to the College to continue my studies.

I hereby acknowledge that my settled payments will be transferred for later study with MAPS College and this fee will be forfeited if I failed to recommence my study.

Signature:		Date:	
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**For Office Use Only:**

<b>Received By:</b>		<b>Date:</b>	
<b>Remarks:</b>			
<b>Payment Details: (If Applicable)</b>			
<b>Approved By:</b>		<b>Date:</b>	