



UFORM009 Student Deferral Form Rev 1

Full Name:	
Address for Correspondence:	
Phone Number:	
Email:	
Programme Title:	

Deferral Details

Please provide details of the reason for your deferral request.

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Declaration

By signing this document, you believe all information provided to be true and you have sought and been given clarity as to the implications of your decision to defer with regard to academic, progression and non-refund consequences.

Signed: _____ Date: _____ Student	Signed: _____ Date: _____ Staff Member
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