APPLICATION FOR COURSE WITHDRAWAL OR DEFERMENT

Student request	
Name:	
Student number:	
Email:	
Mobile number:	
Course:	

I am applying for:

☐ Course Withdrawal

☐ Course Deferment

I wish to withdraw/ defer my course for the following reasons:

Sign:	Date:

CEO Decision		
Name:		
Action:	☐ Approved	☐ Not approved
Reason for decision:		

Sign:	Date: