Reference No.: XMUM.OAA - 100/1/10-V2.1

Effective Date: 16 OCT 2019

## **DEFERMENT APPLICATION FORM**

## Notes:

- 1. Please consult the Dean/ Director of your current Programme/ Department first before applying for the deferment of study.
- 2. The period granted for the deferment of study does not exceed ONE semester for international students and ONE year for Malaysian Students.
- 3. The University may take up to 5 working days to process the application.
- 4. After going through all the steps below, please submit this form to the Academic Affairs Office

SECTION I: To be Co	mpleted by the Student		Academic Analis Office.
Full Name	Lee Yang	Student ID	AIT 2009896
NRIC/ Passport No.	031110050271	Nationality	Malaysian
Email	ait 2009896 @xmu. edu. mg	Contact No.	0123226431
Programme	AIT	Intake	2009
Student Pass Expiry Date (for International Students only)	03 - 1911 - 10/13	Room No.	
Deferment Period	From \$ 18/1/24923	To 08/1	M/ 20214
Reasons for Deferment (Please provide full details)	Temporary study at 42KL d		

## SECTION II: Declaration by the Student

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Date:

Signature:

Signature:

- I hereby undertake that I am fully aware of and will be bound by the Xiamen University Malaysia rules and regulations for this application.
- I declare that all the information provided in support of my application is correct and complete.
- I understand the consequences of the above request and accept responsibility to re-enroll by the stipulated re-enrolment deadline.
- I hereby enclose a copy of air ticket and other supporting document(s) for this application. (for international students only) Date: 9/16/2023

SECTION III : Acknow	vledgement and Consent by	the Parentl	Guardian*
Parent/ Guardian Name	Lee Siew Ann	Contact No.	012212 6431
NRIC/ Passport No.	73 1228055251	Relationship	father
Signature	/ Exclin	Date	9/16/2023
*Please attach a formal agreement	letter rom your parent/ guardian including the	he above-mentioned	information if they are at oversea
SECTION IV : Acknow	wledgement by Relevant Of	fices	TOWN THE PERSON NAMED IN
Dean/ Programme Coordinator	Name:	Comment:	
	Date:		
	Signature:		
	Name:	Comment:	

**Director of Academic** 

Affairs (B1#217)

Date: Updating of student status				
Admiration Off.	☐ Updating of student status☐ Issuance of approval letter for Deferment of Study			
Issuance of approval letter for				
Name: Comment:				
International Student Affairs (B1#107)  Date:  Relevant supporting documen  Verification of air ticket	Relevant supporting documents			
(for International Students Only)  Signature:	Verification of all defect			
SECTION V : Clearance				
Library Name: Comment:	Comment:			
(B1#101) All borrowed books have been returned; all overdue  Date:				
book fines or lost book penalty have been paid (if any); Printing Service Bill.  Signature:				
Office of Student Affairs Name: Comment:	Comment:			
(B1#107) Check out of accommodation; settle damage				
penalty (if any); terminate work- study programme (if applicable), etc.  Signature:				
Operation and Name: Comment:				
Maintenance Office (B1#G13) At least 2 working  Date:				
days to check Accommodation Electricity Usage Signature:				
Finance Office Name: Comment:				
(B1#216) Full settlement of any Date:				
overdue payments (if any)  Signature:				
SECTION VI: Completed Deferment Form Received by Office of Academic A	ffairs			
Comments  Deferment Accepted and Completed Deferment Accepted but not Completed Things to complete (if any):	□ Deferment Accepted and Completed □ Deferment Accepted but not Completed			
Official Deferment Date DD / MM / YYYY				
Acknowledged and Agreed by, Received by Office of Academic Affairs	>,			
Name: Date:  Name: Date:	21/			
SECTION VII : For Office of Academic Affairs Use Only				
Deferment Record No.				
□ Health Problem				
Main Reason for				