



DEFERRAL REQUEST FOR EXAMINATIONS

This form should be completed by students who wish to defer one or more exams in an examination session for the current academic year. (Please print in BLOCK CAPITALS)

First Name: Surname:

Student Number: X000 Date of Birth:

Programme code: TA_ Year:

Programme Title:

Full Time / Part time / ACCS: Mobile Phone No :

Contact Address:

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Please complete the table below for the examination(s) you wish to defer:

<u>Examination</u>	<u>Date / Time of Exam</u>	<u>Semester</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Reason for seeking a deferral (Please include all supporting information and documentation relevant to this application).

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This form must be submitted to Sharon O'Brien in Registrar's Office along with all supporting documentation. You can contact Sharon at 4042220 or sharon.obrien@ittdublin.ie

Please note that this form is for deferring exams only. You may be liable for tuition fee if you choose to attend classes again for these modules. If you wish to apply for a deferral of a module or semester, please write to the Registrar, requesting same.

Signed: Date:

Office of the Registrar

☐ Deferral Recommended

☐ Deferral NOT Recommended

Reason for deferral not recommended

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Signed:

John Vickery
Registrar

Date: _____