

Please complete in BLOCK CAPITALS

## PROGRAMME / MODULE DEFERRAL FORM

This form is to be completed by **Full-time** students who wish to defer their whole programme, or particular module(s), to the following academic year. (This form should not be used for deferring exams.)

Surname:	First Name (s):
Student Number:	Date of Birth: / /
Address:	
Home telephone:	Mobile telephone:
Email address:	Last date of attendance at CIT: / / dd/mm/yr
Details of Course & Year which you wish to defer	
Course Code:	year (eg Y2)  Academic Year:
Course Name:	
Semester(s) you wish to Defer:	ıle(s)
REASON/S FOR SEEKING A DEFERRAL (Please include information, which you consider relevant to your application. This information will help the Institute in reaching its final decision).	
Signed:	Date:
Recommendation of Head of Department:	
Signed: Head of Department	Date:

This form, fully completed, must be returned to the Admissions Office by **31st October**. Only in exceptional circumstances will an application for a deferral be considered after this date. **It is important to note that a deferral of a place/programme/module(s) does not automatically entitle a student to a refund/credit/ transfer of fees paid.** Year 1 students must reapply for the following academic year through the CAO before 1st February.