



*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):** _____

Date of Birth: / /

Email address: _____ **Last date of attendance at CIT:** / /
dd / mm / yr

Course Code: □ □ □ □ □ —□□—□□
 level (6-10) year (eg Y2)

Academic Year: _____
 (eg 2014/15)

Semester(s) you wish to Defer: ☐ **Full Year** *Semester(s)* ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8**
☐ **Module(s)**

| | |
|--|--|
| | |
| | |

Signed: _____ **Date:** _____

Signed: _____ Date: _____
Head of Department

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.