LINK TRAINING COLLEGE

STUDENT DEFERMENT FORM

This form is to be completed by any student wishing to defer their studies.

SECTION A: STUDENT DETAILS

- **Full Name:** _____

- **Admission Number:** _____

- **Course Enrolled:** _____

- **Department:** _____

- **Year of Study (e.g., Year 1, Trimester 2):** _____

- **Phone Number:** _____

- **Email Address:** _____

SECTION B: DEFERMENT DETAILS

- **Reason for Deferment:**
  (Tick and explain below)
  ☐ Medical
  ☐ Financial
  ☐ Family/Personal
  ☐ Employment
  ☐ Other (specify): _____

Explanation:

- **Proposed Deferment Period:**
  From: **//**_____. To: **//**_____

- **Expected Date of Return: //**_____

SECTION C: ATTACHMENTS

Please attach any relevant supporting documents:

☐ Medical Report

☐ Financial Statement

☐ Official Letter/Proof of Cause

☐ Any Other (specify): _____

SECTION D: DECLARATION BY STUDENT

I declare that the information provided above is true and that I understand I must apply for re-admission before resuming studies.

Signature: _____

Date: //_____

SECTION E: FOR OFFICIAL USE ONLY

Academic Department Recommendation:

☐ Approved ☐ Not Approved

Comments: _____

Name: _____

Signature: _____

Date: //_____

Registrar's Office Decision:

☐ Approved ☐ Not Approved

Comments: _____

Name: _____

Signature: _____

Date: //_____

Student Notified On: //_____

By (Name & Signature): _____