



registered under the



Deferral/Withdrawal Application Form

OFFICE USE ONLY

App No.

Effective JAN 2010

Please print in BLOCK LETTERS

(Put a tick in the appropriate boxes)

| | |
|---|--|
| 1. Given name in full: | Gender : Male <input type="checkbox"/> Female <input type="checkbox"/> |
| 2. Course Applied: | Student No. #: |
| 3. Semester Intake: <input type="checkbox"/> January <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> Other: | |
| Year: 200 <input type="text"/> | |

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|---|
| 4. Do you wish to defer or withdraw the course applied: |
| Why? Reason: |
| |
| |

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| 5. Have you paid any course fees? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how much? |

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|---|
| 6. Did you attend any classes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many days/months have you attended? |

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|--|
| 7. If you want to defer your study, then when do you intend to return to ITI? |
| A) Semester: <input type="checkbox"/> January <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> Other: |
| B) Year: |

| |
|---|
| 8. Do you want to change the course applied? <input type="checkbox"/> YES <input type="checkbox"/> No |
| If yes, what course do you prefer to take? |
| |

Applicant's Signature: _____ **Date:(dd/mm/yy)** _____

ADMINISTRATION USE ONLY

Ensure that the applicant has successfully completed the application requirements .

Approved: _____ Not Approved: _____

Registrar: _____ Date: _____

The information contained in this application form was correct at the time of publication. However, the International Training Institute reserves the right to alter, amend or delete details at anytime without notice.