STUDENT DEFERMENT APPLICATION FORM

SIDMA COLLEGE

INSTRUCTION
1. *Student is required to complete this form (where applicable). Only completed form will be processed.*
2. *Completed form must be submitted to **Admission and Student Records Department***

NAME : _____   MATRIC NO: _____

PROGRAM : _____   IC NO : _____

E – MAIL : _____   TELEPHONE NO : _____

ADDRESS : _____

EFFECTIVE DEFERMENT (Semester) *Please tick (√) where applicable:*

☐ Feb _____ ☐ May/June _____ ☐ Sept _____ ☐ Other : _____

REASON FOR DEFERMENT *Please tick (√) where applicable:*

☐ Financial problem ☐ Unable to cope with the course taught ☐ Personal matters

☐ Transportation problem ☐ Extensive workload ☐ Others (Please specify) : _____

A. Academic Coordinator / Head of Faculty	B. Student Finance Services
Please tick (√) where applicable **Period of Deferment (Semester)** ☐ Feb _____ ☐ May/June _____ ☐ Sept _____ ☐ Other : _____	*Please tick (√) where applicable* ☐ Scholarship ☐ Non-Scholarship *Please Specify* : _____ Balance Refund / Outstanding : RM _____ Remark (if any) _____

		YES	NO
1	Within Add/Drop period	YES	NO
2	After Add/Drop Period	YES	NO
3	Course registered	YES	NO

I have consulted the student on the possible consequences with regard to the deferment. Below is my comment

_____
_____
_____

Deferment fee chargeable   : RM _____

Official Receipt No : _____

Remark (if any)

_____

_____   _____   _____   _____
Signature & Stamp   Date   Signature & Stamp   Date

SIDMA College City Campus Jalan Bundusan 88300 Kota Kinabalu Sabah (088 732 000)

STUDENT DEFERMENT APPLICATION FORM

<table>
<tr>
<td colspan="2">C.   Counselor</td>
<td colspan="2">D.   Student Residence Service</td>
</tr>
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<td colspan="2">

I have consulted the student on the possible consequences with regard to the deferment. Below is my comment

_____

_____

_____

Signature & Stamp   Date
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Please tick (√) where applicable

1. ☐ Residence *Premise No : _____

     ☐ Non – residence

2. Outstanding

     ☐ No   ☐ Yes *Amount:_____

3. Penalty

     ☐ No   ☐ Yes *Amount:_____

Signature & Stamp   Date
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<tr>
<td colspan="2">E.   Resource Centre / Library</td>
<td colspan="2">F.   Admission & Student Record</td>
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Items Borrowed from Resource Centre /Library:

Please tick (√) where applicable

Returned   ☐ Yes   ☐ No
Good Condition ☐ Yes   ☐ No
Penalty   ☐ Yes   ☐ No

Total Cost Estimated: RM _____

Remark (if any)

_____

Signature & Stamp   Date
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Received from student :_____

Updated in LMS   :_____

Informed student   :_____

Signature & Stamp   Date
</td>
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</table>

_____   Date

Student's Signature

FOR OFFICE USE ONLY (ASR)

Remark (if any) : _____