



APPLICATION FOR DEFERMENT OF STUDY (INTERNATIONAL STUDENT)

Form No. : UTM/AMD/02
Edition : 2
Effective Date : 1/4/2020
Page (s) : 2

Terms and Conditions:

- 1. Fill and COMPLETE the form
2. Read and sign the Student Declaration at Section II
3. Obtain approval from UTM International and your Faculty
4. Submit the COMPLETE form and documents related to Faculty/School Academic Office
5. Please note that completion of this form does not guarantee that your be granted for deferment

SECTION I : TO BE COMPLETED BY STUDENT

Full Name : [grid]
ISID Number : [grid]
Matric Number : [grid] e.g : MKA191001/A15KE1234
Programme of Study : [grid] e.g : MKAJA1AJA
Faculty : _____
Programme : _____ e.g : Master of Engineering (Geotechnics)/Bachelor of Engineering (Electrical)

SECTION II : DETAILS OF DEFERMENT (TO BE COMPLETED BY STUDENT)

{Please tick (✓) in the appropriate box}

- 1. Have you had deferred your study before ?
Yes [] No []
If yes, I deferred during Session/ Semester : ____ - ____ / ____ (e.g: in 1 - 2017/2018)
2. I wish to defer my study during Session/ Semester : ____ - ____ / ____ (e.g: in 1 - 2018/2019)
3. I will return to continue my study in Session / Semester : ____ - ____ / ____ (e.g: in 1 - 2019/2020)
4. Reason for defer :

1. Financial Difficulties [] 3. Job Commitment [] * Please attach an official letter from organization
5. University/ Nation Interests [] * Please attach an official letter
2. Personal Matters [] 4. Health Problem [] * Please attach the medical report from the Doctor or University Medical Centre
6. Others (Please Specify) []

Student Declaration:

I understand that; if the deferment is not approved and I do not register any courses, I will be terminated from my study which may affect my Student Pass. If the deferment is approved, the Department of Immigration of Malaysia will be notified by UTM International Office that I am defer my study and that may result in cancellation of my Student Pass. I am obliged to pay any outstanding fees to UTM.

Student's Signature : _____ Date : _____

Reminder:- *Please submit the COMPLETE form and documents related to Faculty/School Academic Office



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SECTION III : TO BE COMPLETED BY UTM INTERNATIONAL OFFICE
{Please tick (√) in the appropriate box}

Approved Not Approved

UTM International Officer signature & stamp:

Signature : _____ Date : _____

***Please surrender your passport**

SECTION IV : SUPERVISOR RECOMMENDATION (FOR POSTGRADUATE STUDENT - RESEARCH & MIXED MODE) {Please tick (√) in the appropriate box}

Recommended **Supervisor's comments:** **Signature & Stamp :**
 Not recommended _____

Date : _____

SECTION V : APPROVAL BY ASSOC. CHAIR/ DIRECTOR OR COORDINATOR OF THE FACULTY/ SCHOOL {Please tick (√) in the appropriate box}

Approved **Assoc. Chair/Director/Coordinator** **Signature & Stamp :**
 Not Approved **comments:** _____

Date : _____

FOR FACULTY/SCHOOL ACADEMIC OFFICE USE ONLY
{Please tick (√) in the appropriate box}

Approval : **Approved** **Comments:**
 Not Approved _____

Deferred Semester : _____ / _____
i.e: Sem 2-2019/2020

Defer Code (AIMS) : **4-Deferment of Study** **Signature & Stamp (TP/PP) :**
(Semester deferred is counted)
 7 – Medical Leave
(Semester deferred is not counted)
 o – Special Case
(Semester deferred is not counted)
Date : _____

Total semester available : _____ **semesters**

Student's final semester : _____ / _____
i.e : Sem 2-2019/2020

STATUS OF UPDATING AIMS RECORD

Updated by : _____
Date : _____