



## UNIVERSITY COLLEGE OF JAFFNA STUDENT REQUEST FOR DEFERMENT

<b>Title (Mr/Miss/Mrs)</b>			
<b>1.</b>	<b>Full Name (in block letters)</b>		
<b>2.</b>	<b>Department</b>		
<b>3.</b>	<b>Reg.No</b>		
<b>4.</b>	<b>Contact No</b>		
<b>5.</b>	<b>Academic Year</b>		
<b>6.</b>	<b>Postal Address</b>		
<b>7.</b>	<b>Email</b>		
<b>8.</b>	<b>Category of Request (Mark “√” in the appropriate cell)</b>	1. Postponement of Studies (Deferment)	
		2. Duration	
<p>Note:</p> <p>1. If you mark the <b>category (1 or 2) in Question No.8</b>, attached separate letter mentioning the valid reason and attach any supporting document if any.</p>			

.....  
Date

.....  
Signature of the Student

.....  
Recommendation of the Head of the Department

.....  
Recommendation of the Head of Academics

*Office use only*

The above request was approved/ not approved by the BOS at its ..... meeting held on .....

The decision was conveyed to the student on .....

.....  
Subject Clerk