

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	:															
ISID Number	:															
Matric Number	:							e.g	: Mł	XA19	1001	/A15	KE1	234		
Programme of Study	:							e.g	: MI	KAJA	A1AJ.	A				
Faculty	: _					 									 	_
Programme	: _	e.g : Master of Engineering (Geotechnics)/Bachelor of Engineering (Electrical)				-										

SECTION II : DETAILS OF DEFERMENT (TO BE COMPLETED BY STUDENT) *{Please tick* ($\sqrt{}$) *in the appropriate box}*

1. Have you had deferred your Yes No If yes, I deferred during Ses	·	:	/	_(e.g: in 1 – 2017/2018)				
2. I wish to defer my study during Session/ Semester :/ (<i>e.g</i> : <i>in</i> 1 – 2018/2019)								
3. I will return to continue my	study in Session / Semest	ter :	/	_(e.g: in 1 – 2019/2020)				
4. Reason for defer :								
1. Financial Difficulties 2.Personal Matters	3. Job Commit * Please attach an from organization 4. Health Prob	n official letter n blem	In * Plea	niversity/ Nation terests se attach an official letter thers (Please Specify)				
Student Declaration:	* Please attach the report from the D University Medice	Doctor or						

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 :	
Student S Signature .	Dute i	

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



	TO BE COMPLI in the appropriate	E TED BY UTM INTERI e box}	NATIONAL OFFICE	
Approved	l	Not Approved		
UTM Internation	nal Officer signatu	ıre & stamp:		
Signature : _			Date	:
*Please surrer	nder your passp	ort		
		RECOMMENDATION () in the appropriate box}	(FOR POSTGRADUA)	TE STUDENT - RESEARCH &
	mended	Supervisor's comme	nts:	Signature & Stamp :
Not ree	commended			
				Date :
SECTION V : A SCHOOL {Plea	APPROVAL BY A ase tick $()$ in the	ASSOC. CHAIR/ DIRE appropriate box}	CTOR OR COORDINA	ATOR OF THE FACULTY/
Approv	ved proved	Assoc. Chair/Directo comments:	r/Coordinator	Signature & Stamp :
	protect			Date :
	FOR FA	ACULTY/SCHOOL AC { <i>Please tick</i> ($$) in th		E ONLY
Approval	: Ar	proved	Comments:	
	No	ot Approved		
Deferred Semester	: i.e: Sem 2-20	/		
Defer Code (AIMS)	(Se	Deferment of Study emester deferred is counted) - Medical Leave emester deferred is not count	Signature & Sta	amp (TP/PP) :
	0 -	- Special Case emester deferred is not count		
Total semester available	: sen	nesters		F UPDATING AIMS RECORD
Student's final semester	: i.e : Sem 2-2	/ 019/2020	Updated by Date	: