









O Blk 167 Jalan Bukit Merah, #02-12 Connection One Tower 5, Singapore 150167

Deferment Request Form

Section A: Deferment Request		
Name:	Student ID No:	
Contact No:	Email Address:	
Course Title and Original Intake:	Course Commencement Date:	
Course Original Completion Date:	Deferment Period:	
Type of Deferment:		
☐ Course Deferment	☐ Module Deferment	
Reason(s) for Deferment (Attach relevant supporting documents)		
☐ I declare that the information given is true and accurate.		
Signature of Student / Date:		
Section B : Counselling		
Remarks:		



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Action(s) Recommended:			
Attended By: (Staff)	Acknowledged By: (Student)		
Name / Signature / Date	Name / Signature / Date		
Section C: Review by Academic Department (Official Use only)			
Approval on Deferment Request:	☐ Approved	☐ Rejected	
Comments:		<u> </u>	
Approved Deferment Period:	Approved by:		
	(Name/Designation	on/Signature/Date)	