AceTek College
info@acetek.edu.sg +65 8111 0897 www.acetek.edu.sg
190 Middle Road, Fortune Centre, #18- 01, Singapore 188979

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:		
Approved Deferment Period:	**Approved by:**	
	(Name/Designation/Signature/Date)	