**FOR THE INTERNAL USE OF**



**FACULTY OF TECHNOLOGY POSTGRADUATE PROGRAMMES**

**DISTANCE LEARNERS ONLY**

Please fully complete the following information and read this form carefully

|  |  |
| --- | --- |
| Name: | Student Number: P |
| Contact Telephone No. | Email: |
| Full Programme Title: |

Use this form if you wish to defer your studies (coursework or examinations) due to circumstances beyond your control which you believe will adversely affect your academic performance. NB – You may be required to provide evidence for your request.

**OR**

Use this form if you wish to change a module to the programme you are studying in some way, i.e You wish to transfer to a new module/programme; you wish to terminate your studies with us; you wish to interrupt your studies for a spell etc.

In ALL cases you should consider the consequences of these decisions on your studies and discuss your circumstances with your programme leader PRIOR to requesting or completing this form.

**REQUEST FOR DEFERRAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Module Code | Module Title | Coursework Deadline Date | Examination Date |
|  |  |  |  |
|  |  |  |  |
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| **Give a brief description of the circumstances which apply to the deferral of the examinations/coursework.** |
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|  |
| **List any supporting evidence you may have been asked to provide to the TECH Faculty Office.** |
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**REQUEST FOR CHANGE OF STUDY**

**Complete box 1, 2, 3 or 4, whichever is most appropriate to your circumstances.**

|  |  |
| --- | --- |
| **3. Interrupting (IT) your studies intending to return (Yes/No)**  | **Date IT from -**  |
| **4. Terminating (TE) your studies (Yes/No)** | **Date TE from -**  |

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| --- |
| 1. **Transferring Modules**
 |
| From (old module code | To (new module code) |
| Semester: | Semester: |

|  |  |
| --- | --- |
| Authorising Academic’s Signature | Date |

|  |
| --- |
| If you are **3. Interrupting** or **4. Terminating** we are required by law to know the reason why. Please **X** one box only. |
| Academic Failure | Personal | Career Change | Medical |
| Financial | Course Unsuitable | Taking Employment |

Your typed name here will be considered your official signature – Please email this form from your student number email account.

|  |  |
| --- | --- |
| Student’s Signature | Date |

|  |
| --- |
| **2. Transferring Programmes** |
| From (Old Programme code) | To (New Programme Code) |