



OFFICE OF THE REGISTRAR
(Exams & Records Matters Unit)
BABCOCK UNIVERSITY

STUDENT DEFERMENT OF ACADEMIC PROGRAM FORM

A. STUDENT DATA

Date: _____

Matric No _____ Name: _____ Phone No: _____

School: _____ Department: _____ Program of Study: _____

B. STUDENT STATUS

Level of study at the date of deferment: _____ Number of Semesters already spent in the university: _____

CGPA at the point of Deferment: _____ Citizenship Grade at the point of deferment: _____

To resume: _____ (year) _____ (Semester) Student's Signature: _____

C. CONDITION FOR DEFERMENT:

Reason for Deferment: _____

Is the university authority unable to remove the reason for deferment? 'Yes' 'No' (tick)

Sponsor's comments/consent: _____

(Use separate additional sheets if required)

Sponsor's Name: _____ Phone Number: _____ Signature: _____ Date: _____

D. CLEARANCE

Signatures must be Obtained as follows:

1. Guardian/Sponsor: Name: _____ Sign/Date: _____

2. H. O. D Name: _____ Sign/Date: _____

3. Dean Name: _____ Sign/Date: _____

4. VP, F. A Name: _____ Sign/Date: _____

5. Vp, S. D Name: _____ Sign/Date: _____

6. Svp Name: _____ Sign/Date: _____

E. OFFICIAL USE ONLY

Checked By: _____ Signature & Date Completed: _____

REGISTRAR'S SIGNATURE, STAMP & DATE

NOTE: Submit a copy to the Data and Archives office after obtaining the signatures