



DEFER FORM

KTVC/REG/IQAO/ F006

NAME OF TRAINEE:

ADM NUMBER:.....

COURSE:.....

DEPARTMENT:.....

CONTACTS:.....

DATE:.....

SIGN:.....

DEFER COURSE FROM [Date]:.....

[Date] TO:.....

REASON:.....

.....

.....

HEAD OF DEPARTMENT COMMENTS

.....

SIGN:.....

DATE:.....

PARENT/GUARDIAN

SIGN:.....

DATE:.....

REGISTRAR

SIGN:.....

DATE:.....

(TO BE FILLED IN TRIPLATE)