

REQUEST FOR CONTINUATION OF STUDY -Ending Deferment

Please complete the form & submit it to our Student Services Office

SECTION A			
Student's Name (as in NRIC / Student Pass):		Student ID No.:	
Course:	Contact No.:	Email Address:	
Specialization/Major:		Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Joined SMA Institute Since: (Date)	Deferred Study Since: (Date)	Deferment Duration:	Deferment Approved Till: (Date)
Unit/s Successfully Completed:			
01.		06.	
02.		07.	
03.		08.	
04.		09.	
05.		10.	
Remaining Unit/s to Clear:			
01.		05.	
02.		06.	
03.		07.	
04.		08.	
<p>I hereby submit my request for continuation of study with SMA Institute of Higher Learning to rejoin the course effective from the next available term and/or unit availability, whichever is earlier.</p> <p>I also note that any fee amount that is available under my account will be transferred for this study and that I will need to top-up the fee if the amount is insufficient for me to complete my study.</p> <p>I understand that it is my responsibility to follow up with the School on the status of the request and the lesson schedule for my continuation of study. Please process this(my) request.</p>			
Student's Signature:		Date:	

FOR OFFICIAL USE ONLY

SECTION B		
Request Received & Verified By: (Name & Signature)	Request Acknowledged & Processed By: (Name & Signature)	Student Notified By: (Name & Signature)
Remarks (if any):		

Please return this Form to the Student Services for filing when process is completed