



ADMISSIONS DEFERRAL REQUEST FORM

SGS 001

Name of Application:

Last Name

First Name

Middle Name

CONTACT INFORMATION

Phone Number _____

Personal Email _____

Current Address _____

Degree/Program of Study: _____

Period of deferral (Semester/Year) _____

Reason(s) for study/program deferral (with supporting documents)

Student's signature: _____ Date: _____

Recommendation of School of Graduate Studies

Approved

Denied

Dean's SGS Signature _____

Date _____

Note:

1. Once a decision is reached, the student will receive a letter from the School of Graduate School with the confirmation of the new start date (one semester only)
2. The School of Graduate Studies reserves the right to request additional information or to deny deferral request.
3. Upon expiration of approved deferral date, the student will be required to reapply and pay applicable fees to be considered for re-admission.

Kindly attach the following documents:

- a) Acceptance Letter
- b) Evidence of payment of acceptance deposit of fifty thousand Naira (N50,000)