

	INTERNATIONAL COLLEGE IMPERIA		
	DEFERMENT FORM		
	Doc. No. : AR 02	Rev. No. : 1	Effective Date: 01.01.2022

PART I PERSONAL PARTICULARS

Name (as per IC/Passport)	
Student ID No.	
Programme	
Intake	
Current Semester	
Email	
Contact No. <i>(Telephone/ Hand phone)</i>	

PART II REASON TO DEFER

Please tick (✓) at the appropriate column.

I hereby apply to defer my study for semester (JAN/JUNE/AUG) for year _____ because of:

<input type="checkbox"/> Health / Accidents <input type="checkbox"/> Financial <input type="checkbox"/> Personal Reason	<input type="checkbox"/> Workloads <input type="checkbox"/> Maternity <input type="checkbox"/> Other (Please state) _____ _____
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I will re-register in semester (JAN/JUNE/SEPT) year _____

- Notes:**
- 1) Deferment fee will be imposed for any Academic Deferment application (refer table below).
 - 2) Deferment will interfere an academic schedules and will prolong the duration of studies.
 - 3) A registered student is **ONLY** allowed to defer for two (2) semesters of studies
 - 4) You also may be subjected to different class delivery mode and assessment as determine by the management.
 - 5) You may be subjected to additional or increase of certain fees where applicable.

Student's Signature: _____ **Date:** _____

Deferment Fee	Foundation/Diploma /Executive Diploma	RM 300 (per semester)
	Degree	RM 400 (per semester)

Direct bank-in to:
 Bank : CIMB
 Account's Name : IMPERIA COLLEGE
 Account's Number : 8004520919
 Kindly provide the copy of payment slip to Account Department (account@imperia.edu.my) and complete deferment form to A&R Department (sharifah@imperia.edu.my)

PART III FOR OFFICE USE ONLY

HEAD OF DEPARTMENT Acknowledged by: _____ (Signature & Stamp) Date : _____	PRINCIPAL Approved / Not Approved _____ (Signature & Stamp) Date : _____	FINANCE Amount Paid: _____ Received by: _____ Remarks: _____ Date: _____	ADMISSIONS & RECORDS _____ (Signature & Stamp) Date : _____
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