
 SOUTHERN UNIVERSITY COLLEGE 南方大學學院	ACADEMIC AFFAIRS, ADMISSION AND REGISTRATION OFFICE	Document No:	AARO/F_DW/01/2020
		Revision:	01
	DEFERMENT / WITHDRAWAL	Effective Date:	26-July-2020
	APPLICATION FORM	Page No:	Page 1 of 2

IMPORTANT NOTES:	
1.	Please obtain all the signatures and departmental stamps before submitting the form to the Academic Affairs, Admission & Registration Office.
2.	Student who does not submit the application is not allowed to apply for any certified document or refund of the deposit.
3.	The maximum duration of deferment is one (1) year. Student who does not resume his/her studies upon expiry of his/her deferment, shall be deemed as withdraw from the University College.
4.	The above application form is obtainable from Academic Affairs, Admission & Registration Office or you may download from Southern UC website. https://www.southern.edu.my/aaro/en/download.html

PARTICULARS OF STUDENT				
Name				
NRIC/Passport No.		Student ID:		
Contact No.		Batch No.	Total Credits Earned	CGPA:
Programme				
Mailing Address				
Category	<input type="checkbox"/> Deferment		<input type="checkbox"/> Withdrawal	
Reasons			Signature:	
			Date:	

International Student Office (For International student use only)	
Remarks / Suggestions:	Sign & Stamp:
	Name:
	Date:

Student Affairs Office	
➤ Scholarship holder : <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks / Suggestions:	Sign & Stamp:
	Name:
	Date:
➤ Counseling Unit: Remarks / Suggestions:	Sign & Stamp:
	Name:
	Date:

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Student Residence Office (For hostel resident use only)	
Returned document: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks / Suggestions:	Sign & Stamp: <hr/> Name: Date:

Library	
Overdue books: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks / Suggestions:	Sign & Stamp: <hr/> Name: Date:

Account & Finance Office	
School fees overdue: <input type="checkbox"/> Yes: RM _____ <input type="checkbox"/> No Remarks:	Sign & Stamp: <hr/> Name: Date:
Returned Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Date:

Faculty (Head of Department / Dean)	
Remarks / Suggestions:	Signature: <hr/> Name: Date:

FOR ACADEMIC AFFAIRS, ADMISSION & REGISTRATION OFFICE USE ONLY	
➤ Officer: Remarks / Suggestions:	Sign & Stamp: <hr/> Name: Date:
➤ Registrar: Remarks / Suggestions:	Sign & Stamp: <hr/> Name: Date: