

PROGRAMME / MODULE DEFERRAL FORM

This form is to be completed by Full-time students who wish to defer their programme to the following academic year or by students who wish to defer particular module(s).

Please complete in BLOCK CAPITALS

Surname: _____ **First Name (s):** _____

Student Number: _____ **Date of Birth:** _____
dd / mm / yr

Address: _____

Home telephone: _____ **Mobile telephone:** _____

Email address: _____ **Last date of attendance at CIT:** _____
dd / mm / yr

Details of Course & Year which you wish to defer

Course Code: _____ **Academic Year:** _____
level (6-10) year (eg Y2) (eg 2022/2023)

Course Name: _____

Semester you wish to Defer:	Full Year	Semester	<small>Please select Semester that you are deferring</small>
	Module(s)		

If deferring Module(s) only, please list:
 (Module Code or CRN number)

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REASON/S FOR SEEKING A DEFERRAL (Please include information, which you consider relevant to your application. This information will help the Institute in reaching its final decision).

Signed: _____ **Date:** _____

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 Recommendation of Head of Department: _____

Signed: _____ Date: _____
 Head of Department

This form, fully completed must be returned to the Admissions Office on or before 31st October. Only in exceptional circumstances will an application for a deferral be considered after this date. Year 1 students must reapply for the following academic year through the CAO before 1st February.