



Full Year / Semester DEFERRAL FORM

This form is to be completed by **Full-time** students who wish to defer their **whole academic year**, or a **semester**, to the following academic year. (This form should not be used for deferring individual modules or exams.)

Please complete in **BLOCK CAPITALS**

Surname: _____ First Name (s): _____

Student Number: Date of Birth: / /

Address: _____

Home telephone: _____ Mobile telephone: _____

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

Your programme

Course Code:
level (6-10) year (eg Y3)

Course Name: _____

Semester(s) you wish to Defer: Full Year or Semester(s) (tick below)
 1 Winter 2 Spring 3 (summer)
Semester

When you wish to Return to CIT: 1 Winter 2 Spring 3 (summer) **Academic Year:** _____
 (eg 2018/19)

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 by **31st October**. Only in exceptional circumstances will an application for a deferral be considered after this date. **It is important to note that a deferral of a place/programme/module(s) does not automatically entitle a student to a refund/credit/ transfer of fees paid.** Year 1 students must reapply for the following academic year through the CAO before 1st February.