



SUKKUR IBA UNIVERSITY

MERIT-QUALITY-EXCELLENCE

APPLICATION FOR DEFERMENT OF STUDY

INSTRUCTIONS

To applicant: Please complete and submit this form to Coordinator MS/PhD Programme Sukkur IBA University

Name of Applicant:	
Registration No:	Programme:
Mailing Address	CGPA:
Contact No:	
Email:	Field of Study:
Programme Structure: <input type="checkbox"/> Course work <input type="checkbox"/> Course work and Thesis/Dissertation <input type="checkbox"/> Research	Mode of Study: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Semester of Deferment:	Year: 20____/20____
Reason(s) for deferment (<i>please use additional paper if necessary</i>)	
Applicant's Signature:	Date:
Method of collection: <input type="checkbox"/> By Post <input type="checkbox"/> By Email <input type="checkbox"/> Collect from University	

FOR COORDINATOR MS/PHD (MGT) OFFICE USE

Received Date : _____

Processing Date : _____

Approved Not Approved

Signature and Stamp: _____ Date: _____