



SUKKUR IBA UNIVERSITY

MERIT-QUALITY-EXCELLENCE

APPLICATION FOR DEFERMENT OF REGISTRATION

SEMESTER: _____ SESSION: _____

INSTRUCTIONS

To Applicant

Please complete section A and submit this form to Admission Office

SECTION A (APPLICANT'S GENERAL INFORMATION)

1. Name:	
2. Registration No:	3. Programme:
4. Department	5. Permanent Address:
6. Mobile No:	7. Email:
8. Current CGPA	9. Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
10. Programme Structure: <input type="checkbox"/> Course work <input type="checkbox"/> Course work and Thesis/Dissertation <input type="checkbox"/> Research	
11. Semester for Deferment:	

Reasons for deferment (Please use additional paper if necessary):

Applicant's Signature: _____ Date: _____

SECTION B (APPROVAL BY ADMISSION COMMITTEE)

- Approved
- Rejected
- Update Status

Signature and Stamp: _____ Date: _____

Name: _____