

REQUEST FOR DEFERRED ASSESSMENT

Please complete the form & submit it to our Student Services Office

Request for Deferred EXAM

Request for Deferred TEST (only if applicable)

SECTION A

Student's Name (as in NRIC / Student Pass):		Student ID No.:
Course:	Contact No.:	Email Address:
Module/Unit:		Date of Test/Exam:

Reason for Request:

- NS In-Camp Training
 Overseas Posting
 Compassionate Reason
 Medical Reason (attach MC)
 Others (please specify):

Supporting Document/s Attached:

I understand that (a) this request will be considered solely on the basis of the information above and the documents provided, (b) the result of this request is final, and that (c) I agreed to bear all consequences resulting from my request for a deferred test/exam for the above mentioned module/unit.

I understand that the request is not automatically granted and it is my responsibility to follow up with SMA Institute on the status of the request and the schedule of the deferred test/exam, if my request is granted. Please process this(my) request.

I am aware that no further deferment will be granted for this test/exam, and if I failed to attend the deferred test/exam as scheduled, I would be deemed to have sat and failed the test/exam.

Student's Signature:

Date:

FOR OFFICIAL USE ONLY

SECTION B

Request Received & Verified By:	Deferment Approved By:	Deferment Processed By:
(Name & Signature)	(Name & Signature)	(Name & Signature)
Remarks (if any):		

Please return this Form to the Student Services for filing when process is completed