

DEFERMENT FORM (International Students)

APPLICATION FOR LEAVE OF ABSENCE

Please read the **NEW** conditions below on Deferment of Studies as spelt out in the Guidelines and Standards for the Recruitment and Management of International Students in Private Institutions of Higher Learning which was issued by Ministry of Higher education Malaysia dated 1 May 2022.

Conditions:

- 1.0 Students are allowed to apply for deferment of studies based on **MEDICAL REASONS**.
 - 1.1 Medical reasons include chronic illness, mental illness, maternity or accident.
 - 1.2 A medical report by a specialist doctor to confirm student's inability to continue with studies together with the deferment form must be first submitted to the Academic Department, then, International Student Services Department (ISSD) and finally, Registry.
 - 1.3 Students do not need to shorten their visa and are allowed to remain in Malaysia during the deferment period, as long as their student visa is valid.
- 2.0 For deferment based on **NON-MEDICAL REASONS**, the visa of a student will be shortened, and students have to exit Malaysia.
 - 2.1 Please seek advice from Academic Department on the affected remaining duration of studies.
 - 2.2 To shorten the duration of visa, please submit the following documents at least two (2) weeks before the departure date:
 - i. Deferment Form
 - ii. Confirmed flight ticket (for any transit of flight, it must not be more than 24 hours);
 - iii. Original passport; and
 - iv. EMGS fee to shorten duration of Visa
 - 2.3 Please email a softcopy of the passport page with the exit stamp to ISSD before the departure once the student pass the immigration check counter at the Kuala Lumpur International Airport.
 - 2.4 For the process of re-application of visa, please seek advice from ISSD.
- 3.0 For medical/non-medical reasons, the **MAXIMUM** number of deferment allowed is **TWO (2) deferments / TWO (2) semesters ONLY** for the entire duration of the programme.

Please complete all sections on this form in **CAPITAL LETTERS** and provide the necessary supporting documents outlined in conditions as stated above (where applicable).

PERSONAL AND PROGRAMME PARTICULARS		
Name (as in passport)		
Passport No.	Student ID No.	
Contact Details Correspondence Address	Email Address	
	Mobile Phone No.	
	Tel No.	
Programme		
Intake <input type="text"/> (MM/YYYY)	Currently enrolled semester <input type="text"/>	(e.g. Year 2, Sem 2, 2023)
Nationality	Student Pass Expiry Date	
DEFERMENT PARTICULARS		
Have you been granted deferment previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state the deferment date - from dd-mm-yyyy to dd-mm-yyyy	Any AA / AE / SX / RA / IP / GP grade? <input type="checkbox"/> Yes. Please circle grade <input type="checkbox"/> No
Deferment request period in this application. (please state in DD-MM-YYYY)		
From _____ To _____		
Reason(s) for deferment (please ✓ all relevant options)		
<input type="checkbox"/> Medical (medical report from specialist doctor required) <input type="checkbox"/> Others (Please specify in box below. Please consult ISSD for advice on implication of deferment and visa matters)		
IMPORTANT NOTES AND MANDATORY DECLARATION		
Please submit this form to the Academic Department and International Student Services Department (ISSD)		
Please read the following carefully and sign and date here before submitting this form.		
<ul style="list-style-type: none"> I hereby undertake that I am fully aware of, and will be bound by, the HELP University rules and regulations for this application. I declare that all the particulars provided by me in this form are correct. 		
Signature of Student	Name: <input type="text"/>	
	Date: <input type="text"/>	

FOR FACULTY/ SCHOOL/ DEPARTMENT USE ONLY

To check AA / AE / SX / RA / IP / GP grade as stated by student above (if applicable)

Approval: Approve Reject

Department Stamp:

Advice/Action for student:

If approve, please state the remaining duration of study:

If reject, please indicate reason(s):

Signature:

Name:

Date:

FOR INTERNATIONAL STUDENT SERVICES DEPARTMENT (ISSD) USE ONLY

Approval : Approve Reject

Department Stamp:

If reject, please indicate reason(s):

Signature:

Name:

Date :

FOR REGISTRY USE ONLY

Received by (DD/MM/YYYY)

Admission Officer's Signature

Updated in EMS (DD/MM/YYYY)

Name:

Notification sent to student (DD/MM/YYYY)

Date: