



WISCONSIN INTERNATIONAL UNIVERSITY COLLEGE, GHANA

RESUMPTION OF LECTURES REQUEST FORM

(Read the instructions carefully before filling this form)

- | | |
|--|--|
| 1. Name of student: | 1b. Contact Number: |
| 2. I.D Number: | 2b. Level (As at the time of deferment): |
| 3. Programme: | 3b. Department: |
| 4. Period of Deferment : From Month / Year - To Month / Year | |
| 5. Planned Date to return: (Month / Year) | |

HOD's Signature:

Date:

Student's Signature:

Date:

For Official Use Only

Comments from **DR(Academic):**

Registrar:

Date:

IMPORTANT NOTICE

1. *Take note that the University's policy allows you to defer for a maximum of 12 months (one year).*
2. *Any student who defers a programme for more than a year may have to re-enroll as a fresher.*

FACULTY OFFICER