## WISCONSIN INTERNATIONAL UNIVERSITY COLLEGE, GHANA

## **RESUMPTION FORM**

(Read the Instructions Carefully before Filling this Form)

Name of Student:		ID Number:
Level:	Program	me:
Department:	Faculty/School:	
Semester Deferred: January – N		lay (20)
	August – De	ecember (20)
Planned Semester to Resume: January –		lay (20)
	August – De	ecember (20)
Tick as appropriate:		
Reason(s) for Deferment: H	lealth (Attach Med	ical Report)/Travelled/Bereaved/Financial
0	ther	
Student's Signature:	Contact N	lumber: Date:
Comments HoD Dean		
Comments from Deputy Registrar (Academic):		
Signature:		Date:
Registrar: Signature:		Date:

## **IMPORTANT NOTICE**

- 1. Take note that the University's policy allows you to defer for a maximum of 12 months (one year).
- 2. Students are to note that they are to submit this form three (3) weeks prior to resumption.