



# DEFERRAL REQUEST FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of Programme Deferring:

- 1. Aspiring Principals' Programme (APP)
- 2. Effective Principals' Training Programme (EPTP)   
Round 1  Round 2
- 3. School Financial Management & Administrative Training (SFMATP)
- 4. The System and School Leaders' Coaching programme (SSLP)

I am requesting deferral until: \_\_\_\_\_

### Please choose the category that best describes your circumstances

- Medical Condition
- Financial Constraints
- Bereavement
- Family Circumstances
- Retirement
- Vacation Leave
- Maternity Leave

Other

### Student Declaration

Signature

Date

I certify that the information I have given on this form is complete and correct to the best of my knowledge.

### OFFICIAL USE ONLY

#### Director of Programmes Approval

For completion by the Director of Programmes or Principal Director.

Name

Signature

Date

By signing this form you confirm that you have reviewed the evidence provided and support this request to defer programme to the above mentioned date.

Deferral Granted Until \_\_\_\_\_