

APPLICATION FOR DEFERMENT OF ASSESSMENT

DATE : _____ CENTER : _____
 NAME : _____ INDEX NUMBER : _____
 (AS IN IDENTITY CARD / PASSPORT)

PROGRAMME: _____ (Please specify as stated in the brochure)
PROGRAMME COMMENCEMENT DATE: _____

ADDRESS:	
	POST CODE:
TEL. NO. (O):	TEL. NO. (H):
E-MAIL ADDRESS:	MOBILE NO:

I would like to defer my Module Assignment / Others (Please Specify) _____

From _____ to _____ for the following reason (s)

Deferment form should be accompanied with supporting documentation like doctor's note; letter from employer indicating the reasons that working schedule cannot accommodate examination; copy of death certificate of immediate relative etc.,.

CANDIDATE'S SIGNATURE: _____

London Examination Board Representative SIGNATURE:

S/No	Module (s)	Assignment
1		
2		
3		
4		
5		