

Request for deferral

Student Experience, Academic Division

Tono Whakahikinga

Wheakoraka Ākoka, Te Wāhaka Matua Mātauraka



Name

Student ID

Department

Programme

INTERNATIONAL STUDENTS (before completing this form please read the following):

The University of Otago has an obligation to notify Immigration New Zealand (INZ) of any changes in status of international students. Before submitting this form you need to contact Student Visa Services at the International Office so that you understand what visa implications there may be.

I confirm that I have contacted Student Visa Services (student.visa@otago.ac.nz) and that I understand the possible visa implications of my change in status.

Deferral (temporary suspension of study)

Deferrals are approved in a current calendar year only, from the first of a month to the end of a month, with the minimum period for a deferral being one month and the maximum being twelve months. Access to all resources during this period is removed. Where necessary, retrospective deferrals are permitted but only in exceptional circumstances and only in a current calendar year.

In all cases, but particularly those involving multiple or prolonged deferrals, the Graduate Research School (for Doctoral) and PVC delegate/Divisional Office (for Master's) reserves the right to decline the request, in which case the candidate must resume enrolment or permanently withdraw from the programme.

First month of deferral

/

Month

Year

Final month of deferral

/

Month

Year

I am a scholarship recipient and I confirm that I have contacted scholarships@otago.ac.nz and that I understand the implications of my change in status.

Note: First semester is January to June; Second semester is July to December; Full year is January to December

Justification for deferral request (mandatory; this must be completed)

Please provide details about why a deferral is essential and how it will affect your research programme in terms of completing your thesis. If space is insufficient, please attach details on a separate sheet.

Signatures and consent

Candidate

Date

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Primary Supervisor

Date

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Name (printed)

Head of Department

Date

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Name (printed)

Dean (if applicable)

Date

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Name (printed)

PVC delegate

Date

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Name (printed)

Doctoral students: the PVC delegate will email the completed form to phd@otago.ac.nz

Master's students: the PVC delegate will email the completed form to masters@otago.ac.nz

Office use only

Dean, GRS

Date

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