



# Request for Deferral from Research Component

Student ID: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 International student?: \_\_\_\_\_  
 Scholarship recipient?: \_\_\_\_\_  
 Programme: \_\_\_\_\_  
 Supervising Department: \_\_\_\_\_

### DEFERRAL DATES REQUESTED:

First month/year of deferral: \_\_\_\_\_ Final month/year of deferral: \_\_\_\_\_  
*(Must be first day of month)* *(Must be last day of month)*

Previous number of deferrals: \_\_\_\_\_ Current EFTS consumed: \_\_\_\_\_

### REASON:

- Personal circumstances
- Work commitments
- Family commitments
- Medical reasons
- Parental leave
- Financial reasons
- Confidential reasons

Further explanation  
*(mandatory)*

Approved start date \_\_\_\_\_ End date \_\_\_\_\_

### SIGNATURES AND CONSENT:

Primary Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (printed): \_\_\_\_\_

Primary HoD/Dean/Nominee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (printed): \_\_\_\_\_

PVC/Dean/Nominee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (printed): \_\_\_\_\_

For Masters' thesis only, send completed form to: Student Records Office, Student Administration  
 For Doctoral thesis only, send form to: Graduate Research School (GRS), Clocktower Building (contact [phd@otago.ac.nz](mailto:phd@otago.ac.nz))

Dean, GRS signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY - Student's enrolment status at end of requested deferral period:

- C/Course Enrolment  Course Enrolment not required