



# DATA LINK INSTITUTE OF BUSINESS AND TECHNOLOGY

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www.datalinkuniversity.com

## DEFERMENT FORM

Name: ..... Student ID: .....

Programme: .....

Year: ..... Contact No: .....

### Student Information

Programme: Degree

Level: 100  200  300  400

Defer from: ..... To: .....

Reasons for Deferment: .....

.....  
.....

Semester: 1<sup>st</sup>  2<sup>nd</sup>

Session: Day  Evening  Weekend

Campus: Tema  Accra

Signature ..... Date .....

Please attach a copy of your receipt/ clearance form

### OFFICIAL USE:

Approved

Not Approved

Comments:

.....  
.....  
.....

### **Registrar**

Signature: .....

Date:

.....

Original on student file

copy returned to student