



## DEFERRAL REQUEST FOR EXAMINATIONS

This form should be completed by students who wish to defer one or more exams in an examination session for the current academic year. (Please print in BLOCK CAPITALS)

First Name: ..... Surname: .....

Student Number: X000 ..... Date of Birth: .....

Programme code: TA\_ ..... Year: .....

Programme Title: .....

Full Time / Part time / ACCS: .....

Contact Address: .....  
.....

Mobile Phone Number: .....

Please complete the table below for the examination(s) you wish to defer:

<u>Examination</u>	<u>Date / Time of Exam</u>	<u>Semester</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**Reason for seeking a deferral** (Please include all supporting information and documentation relevant to this application).

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

This form must be submitted to the Sharon O'Brien in Registrar's Office, along with all supporting documentation. You can contact Sharon at 404 2 220 or [sharon.obrien@ittdublin.ie](mailto:sharon.obrien@ittdublin.ie)

Signed: .....

Date: \_\_\_\_\_

Office of the Registrar

Deferral Recommended

Deferral NOT Recommended

Reason for deferral not recommended

.....  
.....

Signed: .....

John Vickery  
Registrar

Date: \_\_\_\_\_