



ACADEMIC POSTPONEMENT FORM

Name (Complete name)			
Student ID			
Study Programme		Concentration	
Sex/Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	
Home Address			
Telephone No.		Handphone	
Email			

Last Semester Attended	
Last Academic Year	
Duration of Postponement	
Reasons for Postponement	

Have you postponement before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Indicate your SK No:
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Approved by:
Head of Study Programme,

Requested by:
Student,

Date:

Date:

Approved by:
Vice Rector Academic & Student Affairs,

Date: