



HERITAGE CHRISTIAN COLLEGE
(ACADEMIC OFFICE)
DEFERMENT FORM

Full name:

Programme:

Student's Number: **Session:** Weekday Weekend

Current Academic Year: 20_____/20_____ **Current Level:**

Reporting Academic Year: 20_____/20_____ **Deferring Semester:** _____

Status: Fresh student Continuing Student Exchange student Auditing

Admissions period: January Group October Group

Reasons for Deferring:

Contact: _____ **Email:** _____

Student's Signature: _____ **Date** ____/____/____

For official use only

HOD'S Comment (For continuing students)

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..... **Sign**.....**Date**..... /..... /.....

Registrar's Comment **Sign**.....**Date**..... /..... /.....

Fees: Ghanaian Students GH¢100 International Students (\$20)

- NB:**
- i. The student will have to re-register on resumption of their programme at the prevailing fees for registration.
 - ii. You can defer for only one academic year after which you must renew where need be.
 - iii. The student must make two extra copies of this form after approval to keep one and send one to the Department. In the case of freshers, only an additional copy is needed.