

Postponement Form

For Student Use		
College of:	Concentration:	Semester:
Student Name:		Student ID:
Contact Tel:	Mobile:	E-mail:
From Semester:		To Semester:
Student: I hereby requested to POSTPONE my registration at the College until: <input type="checkbox"/> Fall semester, AY..... <input type="checkbox"/> Spring semester, AY..... <input type="checkbox"/> Summer, AY.....		
Student Signature:		Date:/...../.....

For Official Use		
Finance Department		
<i>It is confirmed that all the financial settlements have been completed.</i>		
Name:	Signature:	Date: / /
Academic Transaction Officer		
<i>It is confirmed that the mentioned student's file has been updated accordingly.</i>		
Name:	Signature:	Date: / /
Approved and signed by the Dean of the college		
Name:	Signature:	Date: / /

Important Reminder:
<i>It is the responsibility of the student to reactivate his/her registration before the beginning of the following semester (three weeks in-advance). The university is not responsible for any delays.</i>