

# POSTPONE SEMESTER FORM



## Student Data

<b>FULL NAME:</b>			
<b>ID:</b>	<b>COLLEGE:</b>	<b>DEPT./MAJOR:</b>	
<b>ACADEMIC YEAR:</b>	Fall Term <input type="checkbox"/>	Spring Term <input type="checkbox"/>	Summer Term <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<b>CAMPUS:</b> Abu Dhabi <input type="checkbox"/> Al Ain <input type="checkbox"/>
<b>HOME NUMBER:</b>	<b>MOBILE NUMBER:</b>	<b>E-MAIL:</b>	

## General Information (Student must complete the following information)

Clearance for Locker Key	Confirmed	Deposit Returned	Locker #	Signature:
Clearance for ID Card	Confirmed			Signature:
Clearance from Library	Confirmed	Library Fine		Signature:
Clearance from Finance	Confirmed			Signature:
Tuition Refund	Amount:	Due Date:	Signature:	

## Indicate Reason for Postponing

Personal/Family  Medical  Transfer  Other  (Please Specify):

## Registration Department Use Only (The following information must be filled)

No. of Semesters Postponed		Date:
First time to postpone?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please specify
Registration	Action Taken:	Date:
Parent/Guardian Name	Contact Number	
Signature		

## Comments

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## Authorization

Student's Signature:	Date:
Academic Advisor's Signature:	Date:

## Registrar's Office Authorization

Received by:	Date:
Registration Operator:	Date:

Distribution	Registration Department	College	Student	Instructor
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