



CHARLES TELFAIR
I N S T I T U T E

Application for Deferment of Assignments/Exams

Please complete and return to Student Services Counter together with your valid medical certificate

Family Name _____ First Name _____

Programme of Study _____

Telephone (home) _____ (work) _____ (mobile) _____

Email address _____

I wish to (please tick):

Request for an extension in my assessment task(s)

☐

Request for a deferment (postponement) of my exam(s)

☐

Unit code/title	Lecturer	Assessment Task Name	Due Date	Requested Due Date

Grounds for Application

Signature of Student: _____ Date: _____

Thank you for submitting your form and medical certificate to our attention.

Please allow 24 hours for your query to be processed. The outcome of your query will be communicated to you within three (3) working days at latest.

For Office use:

FORWARD FORM TO HEAD OF FACULTY

Unit code/title	Lecturer	Assessment Task Name	Approval Status (Yes/No)	Due Date is now	Reasons for non-approval	Signature of lecturer	Signature of Head of Faculty	Date

For Office use:

Actions taken by CTI to communicate to student

Feedback given by: _____ **Date given:** _____