



## DEFERMENT / INTERRUPTION OF STUDIES FORM

**All Nations University**

PART A: To be completed by the Student

**Date:**

**Document Requested:** Deferment

Interruption of Studies

**Full Name:**

**Index Number:**

**Department:**

**School:**

**Session:** Regular      Evening      Weekend

**Email ID:**

**Phone Number:**

**Signature:**

*Documentation to support the need for Deferment/Interruption of Studies must be attached and must be presented with the Original for certification of copy.*

PART B: Office Use Only

**Deferment valid until:**

**Interruption valid until:**

### APPROVAL SIGNATURES

**H.O.D Name:**

**Date:**

**H.O.D Signature:**

**Vice President (Academics) Signature:**

**Date:**

**Registrar's Signature:**

**Date:**

*The Student has been given  
Studentship at ANUC.*

*of studies and MUST return by above date or lose*