



REQUEST FOR MATRICULATION PRESERVATION

Student name: _____ ID: _____ Date of birth: _____

School/Department: _____ Class: _____

Program: _____

Email: _____ Tel: _____

Intake: _____ Session : 1st 2nd

REQUEST DETAILS

I would like my matriculation to be preserved for:

The semester, academic year 20..... - 20.....

And the semester, academic year 20..... - 20.....

Reason:

Health issue Financial problem Working English capability

Other (please explain):

Evidence submitted: Yes No

Student signature (required): _____ Date: _____

SECTION TO BE COMPLETED BY OGA

Received by: _____

Date of receipt : _____

Date of response: _____

OFFICE USE ONLY	
Processed by	Process date

Note:
Student has to complete the tuition fee before making this request.