EXCELSIOR COMMUNITY COLLEGE

NOTICE OF DEFERRAL FROM PROGRAMME

Name: _____
First Middle Last

Department: _____ **I.D. #**: _____

Academic Year: _____ **Year Group**: _____

I am hereby informing the College of my intention to defer from the

_____ Programme effective _____/_____/_____
YY MM DD

for the following reason (s):

_____

_____

_____

_____

_____

_____ _____
Student's Signature Date

_____ _____
Head of Department's Signature Date

FOR OFFICE USE ONLY

_____ _____
Received by (Student Affairs Personnel) Date

_____ _____
Information updated by S.M.S. Unit Date