

DSAR26 - Application for deferment of studies.

Email to study-deferment@unisa.ac.za

1. Student names and surname							
2. Student number							
3. Qualification							
4. Qualification code							
5. Academic Year for deferment							
6. Reason for deferment*							
7. Applications must be submitted before the closing dates as indicated below. Choose one of the following by ticking the appropriate box:							
a) Semester 1 Only	27 January						
b) Full Year	27 February						
c) Semester 2 Only	10 July						

Declaration and undertaking:

I declare that all the particulars furnished by me on this form are true and correct. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto, and I have taken note of advice that may be applicable to students in general. I, as a student registered with Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required academic processes pertaining to my application/registration to study with Unisa, which may include, but is not limited to, internal administrative processing, institutional and scholarly research, funding submissions, processing by the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions, Qualification Verification Agencies and third parties rendering any communication facility on behalf of the university.

I understand that in terms of POPI and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control. I confirm that I have read the notice and understand the contents thereof.

Student Name	
Signature	
Date	

For Office Use

Approved	YES	NO
Comments		
Name		Date:
Signature		