

**THE SIGALAGALA NATIONAL POLYTECHNIC**  
**COURSE DEFER**  
*(TO BE FILLED IN TRIPLICATE)*

Name of student:  Date:   
Adm. No.   
Course:  Department:

**DEFER**

Deferring from:  To:

Reasons : \_\_\_\_\_

Student sign: \_\_\_\_\_

HoD signature:  Registrar 's signature:

.....

Parent's Name : ..... ID No. : .....

Signature : .....

MIS: ..... Finance: .....