

 CUE CATHOLIC UNIVERSITY IN ERBIL	POSTPONEMENT REQUEST	FORM NUMBER: SA-FR-001
		EFFECTIVE DATE: Jul-15 2025 REVISION DATE: Jul-15 2028

This form is to be completed by students seeking to postpone an academic year in keeping with the Registration and Withdrawal Policy.

No student shall postpone their studies more than two academic years.

The form is to be submitted to the head of Enrollment and Registration.

IDENTIFYING INFORMATION	
Full name	
Student ID #	
Enrollment year	
Current academic year	
Postponement year	
Department	
CUE email address	
Personal email address	
REASONS FOR POSTPONEMENT	
Reason(s) for postponement	☐ Academic ☐ Financial ☐ Health ☐ Other: _____
Please briefly explain your reason for postponement (you may attach documents as needed)	
Do you have any carry-on modules outstanding? If so, please name the module(s) including module code.	

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Do you have any second, third, or fourth examination attempts outstanding? If so, please name the module(s) including module code.	
STUDENT SIGNATURE	
Signature: _____ Date: ____ / ____ / ____ Name: _____	
ENDORSEMENT BY THE ENROLLMENT AND REGISTRATION OFFICE	
Comments: _____ _____ _____	
I endorse the above student's Postponement Request. Signature: _____ Date: ____ / ____ / ____ Name: _____ Position: _____	
UNIVERSITY COUNCIL DECISION	
☐ Request granted ☐ Request denied Reason for approval or denial: _____ Secretary's Signature: _____ Date: ____ / ____ / ____ Name: _____ Position: _____	
RETURN THE ENROLLMENT AND REGISTRATION OFFICE	