



**BUTERE TECHNICAL AND VOCATIONAL COLLEGE**

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**COURSE DEFEREMENT FORM (To Be Filled In Triplicate).**

DATE

NAME.....ADM NO.....DEPARTMENT.....

Course.....Phone.....Email Address.....

Deferring Period From.....To.....

Reason for deferring.....

**FOR OFFICIAL USE ONLY**

HOD

REGISTRAR

REGISTRY

FINANCE

REGISTRY