**Semester(s) not in-residence**

|  |  |
| --- | --- |
| Name |  |
| Matriculation Number |  |
| Period not in-residence | I will not be staying in CAPT for[ ]  AY\_\_\_\_\_ Sem 1Reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  AY\_\_\_\_\_ Sem 2Reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e.g. SEP/NOC/Ilead/JDP. Please indicate if the current status is pending or approved. If pending, please let us know the tentative date when you expect to be able to confirm your plans.) |
| If you are eligible for “Stop the Clock” policy do you wish to extend your stay in CAPT after your exchange programme?  | [ ]  Yes (We will confirm your final eligibility status via email)[ ]  No |
| Additional information (if any) |  |

Please check the boxes below (where applicable):

[ ]  I undertake to complete any outstanding modules in the UTCP curriculum in the semester that I resume my stay in CAPT.

[ ]  I hereby confirm that the information and particulars furnished are true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature Date