

**ACADEMIC POSTPONEMENT FORM  
POSTGRADUATE PROGRAMME**

NAME (complete name)			
NIM/Student Number			
Batch/Class		Concentration	
Sex/Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
e-mail Address			
Home Address			
Office Address			
Phone Number		Mobile Phone	

Last Semester Enrolled in	
Last Academic Year Enrolled in	
Duration of Postponement	
Reasons for Postponement	

Have you postponed before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate your SK No:
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Jakarta, \_\_\_\_\_

Requested by,

\_\_\_\_\_  
Student's Signature

----- Office use only -----

Remarks:	Remarks:

Endorsed by:	
_____	_____
Academic Manager	Date:

Approved by:	
_____	_____
Programme Director	Date:

- 1. Student                      3. Academic Affair
- 2. Accounting                4. EDP