

CONFIDENTIAL

MIDDLESEX UNIVERSITY

CENTRE FOR HOMEOPATHIC EDUCATION

Request for Assessment Deferral Form

Student Name Student Number

Module

Assessment

**PLEASE MAKE SURE THAT SUPPORTING
DOCUMENTATION IS ATTACHED**

Reason for deferral.....
.....
.....
.....
.....

Supporting documentation attached.....
.....

Student signature

Date

CHE signature

Date