



OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

APPLICATION FOR DEFERMENT OF STUDIES

Instruction: If reason for deferment is sickness or bereavement, you are expected to attach copy of documentary evidence as proof.

Note: No request will be approved unless it has been cleared by the Director-TVET.

PART A: STUDENT'S DATA

(i) Name: _____ Reg. No. _____

(ii) Programme of Study: _____ Dept: _____

(iii) Contact Address: P.O. Box _____ Postal Code: _____ Town: _____

(iv) Phone No. _____ E-mail Address: _____

(v) Level of Study being deferred (e.g. Year2Term, or Y2T1) _____

I kindly request your office to approve my application for deferment starting from Term _____ of Academic Year _____ To Term _____ of Academic Year _____

Reason for deferment: _____

Signature: _____ Date: _____

PART B: FOR OFFICIAL USE ONLY

i. Director, TVET: Request Recommended Not recommended

Name _____ Signature _____ Date & Stamp _____

ii. Registrar (ASA): Request Approved Not Approved

Name _____ Signature _____ Date & Stamp _____

Reporting/Resumption date: _____

- CC.**
- Director TVET.
 - Dean of students.
 - Student Finance.
 - Student's File.