



RU/REG/ACAD/SF004/1: DEFERMENT REQUEST FORM

Date:

Mobile number:

Name of Student:

Admission No:

Year of Study:

Semester:

School/Department:

Programme:

Specialization:

Request for deferment of studies for the period..... to

Reason(s).....
.....

Sign Date

FOR OFFICIAL USE ONLY

Dean/HOD: Recommended/Not Recommended.....

Name: Sign: Date/Stamp:

DVC/VC: Approved/Not Approved

Comments:

Name: Sign: Date/Stamp:

Effected by ICT

Name: Sign: Date/Stamp:

Received by Registrar Academics

Name: Sign: Date/Stamp: