KAFU/F/501/018



**KAIMOSI FRIENDS UNIVERSITY (KAFU)**

***OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)***

**APPLICATION FORM FOR DEFERMENT OF STUDIES**

**PART A: PERSONAL DETAILS**

Applicant’s Name…………………………… Email…………………………………..

Registration Number………………………… Phone No…………………………….

Nationality…………………………………… ID/Passport………………………………..

Date you joined Kaimosi Friends University……………………………………..

**PART B: DEFERMENT DETAILS**

School/Faculty…………………………… Department………………………………..

Name of Programme……………………………………………………………………..

Current Year of Study (e.g 1st year)……Academic Year…………Semester…………

(Attach progress report-all transcripts for completed study period)

Deferment period: From Semester…… of Academic Year………..to Semester………of Academic Year……………………

**PART C: REASON (S) FOR DEFERMENT**

1. Financial Problems ( )
2. Sickness ( )
3. Bereavement ( )
4. Any Other: Specify……………………………………………………………….

**Previous Deferment (s)**

|  |  |  |
| --- | --- | --- |
| **ACADEMIC YEAR** | **FROM**  | **TO** |
|  |  |  |
|  |  |  |
|  |  |  |

**NOTE: highlighted**

**Documentary evidence for reason(s)provided above MUST be attached.**

**No student is allowed to defer studies more than three times**

**Consecutive Deferment of studies shall not be allowed.**

**Signature of Student……………………………….. Date…………………**

**PART D: FOR OFFICIAL USE ONLY**

1. **CHAIR OF DEPARTMENT**

Request Approved/not approved.

Name…………………………………. Signature &Stamp…………………Date……….

1. **DEAN OF SCHOOL**

Request Approved/not approved.

Name…………………………………. Signature &Stamp…………………Date………

1. **DEAN OF STUDENTS**

Request Approved/not approved.

Name…………………………………. Signature &Stamp…………………Date……….

1. **REGISTRAR (ACDEMIC AFFAIRS)**

Request Approved/not approved.

Name…………………………………. Signature &Stamp…………………Date……….

Deferment effected in ERP

CC: Chair of Department

 Dean of School

 Dean of Students

 Student Finance

 Student’s File