



KIBABII UNIVERSITY

APPLICATION FOR DEFERMENT /READMISSION FORM

SECTION I

Part A (Note: Tick () where appropriate)

Name:..... **Reg. No:**..... **Tel. No:**.....

Address:..... **Email:**.....

Faculty & Department:..... **Programme:**.....

Mode of Study:..... **Campus:**..... **Academic Year Deferring:**.....

Academic Year for Readmission:.....

Y1	Y2	Y3	Y4	Y5
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S1	S2	T1	T2	T3
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Year of Study: Semester/T-Trimester

Part B: Reason(s) for Deferring: Tick () where appropriate

S/NO	REASON	TICK ()
1.	Financial Problems	
2.	Medical Reasons	
3.	Compassionate Reasons	
4.	Any other reason (Please state briefly)	

Note: Attach copy of certified Medical Report OR a copy of any other supporting document.

Any other issue of importance or request.....

Student Signature:..... **Date:**.....

SECTION II: OFFICIAL USE ONLY

Part A

Confirmation by the Faculty/School/Centre:

Year of Study Completed:..... Academic Year Completed:.....Semester Completed:.....

Outstanding Course(s) to be done (repeat courses, re-sit, missing marks).....

Outstanding examination(s): (Special, Supplementary).....

Part B

OFFICERS TO CONFIRM

DEAN OF STUDENTS: On any Outstanding Social Issue:	
Remarks:
Sign:	
Date/Stamp:	

MEDICAL OFFICER: Any Medical issue related	
Remarks:
Sign:	
Date/Stamp:	

Part C

Registrar (AA): To forward for consideration by the Deans Committee.