

**REQUEST FOR ACADEMIC LEAVE/DEFFERMENT OF SEMESTER**

- Fill All The Information Provided In This Form (To Be Filled In Duplicate)

NAME.....ADM.NO.....

COURSE.....

MODULE/YEAR.....SEMESTER.....

TEL.....DATE.....

PARENTS/GUARDIAN CONTACT.....

A. I hereby request (tick relevant one and specify the period in the space provided)

1. Academic Leave (e.g maternity, sickness etc)

2. Deferment Of Semester

Specify duration for above.....

B. Give specific reasons for your request

.....  
 .....  
 .....  
 .....  
 .....  
 .....

Student's Signature

Date

**FOR OFFICIAL USE ONLY**

C. To be filled by the Registrar

Comments on the request above

.....  
 .....

APPROVED

NOT APPROVED

Signature and official stamp.....