

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 U	Iniversity		
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 transcrip	ots for completed stud	ly period)	
Deferment period: From Semester Academic Year	· of Academic Yea	arto Semester	of
PART C: REASON (S) FOR DEFERI	MENT		
 Financial Problems Sickness Bereavement Any Other: Specify 	() () ()		•••
Previous Deferment (s)			
ACADEMIC YEAR	FROM	TO	
	+		

VERSION A REVISION: 01

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			
i. CHAIR OF DEPARTMENT			
Request Approved/not approved.			
Name			
ii. DEAN OF SCHOOL			
Request Approved/not approved.			
Name			
iii. DEAN OF STUDENTS			
Request Approved/not approved.			
Name			
iv. REGISTRAR (ACDEMIC AFFAIRS)			
Request Approved/not approved.			
Name			
Deferment effected in ERP			
CC: Chair of Department			
Dean of School			
Dean of Students			
Student Finance			
Student's File			
Kaimosi Friends University (KAFU) is ISO 9001:2015 certified			

NOTE: highlighted

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