

**OFFICE OF THE DEAN OF STUDENTS
LEAVE OF ABSENCE APPLICATION FORM**

Part 1: Student's Details

Name..... Reg. No.....

Programme of study..... School.....

Date of Leave: from:..... to.....

Type of leave (Sick leave / Maternity/bereavement/special)

Details (indicate the nature of the problem if the leave is due to bereavement or other circumstances

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Indicate the lectures and examinations (including CATS) that may be missed during the period of leave

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Signature of the student Date.....

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Part 2: Approval

- i. University Medical Officer - (FOR MEDICAL CASES ONLY)
Request recommended/Not recommended Sign..... Date.....
- ii. Dean of the School
Request approved/Not approved Sign..... Date.....
- iii. Dean of Students
Request approved/Not approved Sign..... Date.....

cc.

Dean of the School

Office of the Registrar (Academic Affairs)