



REGISTRAR ACADEMIC AFFAIRS

DEFERMENT APPLICATION FORM SEMESTER/ ACADEMIC YEAR

This form is intended for use by students who wish to defer. Requests for deferral are not automatically granted, but are decided on a case by case basis.

SECTION A: PERSONAL DETAILS

Surname: Other Names: Student Registration No.: National ID/Passport No.: Postal Address: Postcode: Telephone: Email Address:

SECTION B: DEFERRAL DETAILS

School: Department: Programme Name: Year of study: Academic Year: Semester: Deferral requested for the following study periods: (tick [X] where appropriate) [] Semester [] One academic year [] Other (Specify):

Note: KUCCPS students with one intake per year will be required to apply to defer for one academic year.

Reasons for deferment: Please tick [X] the appropriate box (es). This section must be completed for your application to be considered.

- [] Financial [] Unable to meet other conditions of offer in time [] Health [] Other

If other, please specify:

Signature: Date:

SECTION C: OFFICIAL USE ONLY

Head of Department

Accepted Rejected

Reasons if rejected:.....

Name: Signature Date

Official stamp:

Dean of School

Accepted Rejected

Reasons if rejected:.....

Name: Signature Date

Official stamp:

Registrar, Academic & Student Affairs

Accepted Rejected

Reasons if rejected:.....

Name: Signature Date

Official stamp:

- Cc: Dean of Students
- Finance Officer
- Health Unit
- School