

Tel:



REQUEST FOR ACADEMIC LEAVE/TRANSFER/DEFERMENT OF ADMISSION /SPECIAL EXAMS

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

PROGRAMME:.....

STAGE OF STUDY

TRIMESTER.

DATE.

- For academic leave fill sections B and C only.
- For deferment fill sections B, C and D
- For Appeals/Special Exams fill sections B and C

A. I hereby request (tick relevant one)

- 1. Academic leave
- 2. Transfer
- 3. Deferment of admission
- 4. Appeals/Special exams

(Specify).....

B. Give specific reasons for your request, indicating appropriate dates and semester/stage (please tick appropriately)

Financial Medical (attach medical documents) Compassionate

Others (specify)

Students Signature

Date

C. To be filled by coordinator /HOD

Does the center administration approve of this request? Please give detailed comments.

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Signature and Official Stamp

D. To be filled in by the coordinator /HOD to which student requests transfer

Please indicate availability of vacancy in your department in the intake or class requested.

AVAILABLE NOT AVAILABLE OTHERS (specify)

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Registrar's Comments

ACCEPT REJECT

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Signature

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Date

Registrar