



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

REQUEST FOR ACADEMIC LEAVE/ TRANSFER/ DEFERMENT OF ADMISSION/ APPEALS

NAME.....REG. NO.....
 CENTRE.....
 PROGRAMME.....
 STAGE OF STUDY.....SEMESTER.....
 ADDRESS:TEL:
 DATE.....

-
- For Academic Leave fill sections B and C only.
 - For Transfer fill sections B, C and D.
 - For Deferment of admission, fill section B only.
 - For Appeals, fill sections B and C.
-

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

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

Specify duration for 1 and 2 above.....

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

- Financial Medical (*Attach medical documents*) Compassionate
- Others (*Specify*)

.....
Student's Signature

.....
Date



C. To be filled in by the Centre Co-ordinator

a) Does the Centre Administration approve of this request? Please give detailed comments.

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

b) To be filled by the Centre’s HOD/Director/Principal

Comments on the above

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

.....
Signature and official stamp

D. To be filled in by administrator of School/ Department/ Centre to which student requests transfer

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

AVAILABLE NOT AVAILABLE OTHERS (*Specify*)

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

E. Dean/Director’s comments

ACCEPT REJECT

.....
Signature
Dean/Director

.....
Date

