



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
P.O. BOX 62000-00200, CITY SQUARE NAIROBI
TELEPHONE: (067) 52711 FAX (067) 52164 THIKA

F-2-3-13-1

DEFERMENT REQUEST SUMMARY FORM

I _____ Full Name

Registration No. _____ Academic Year _____

Campus _____

Course Title _____

Certificate/Diploma/Degree _____ Year/stage _____

_____ Faculty/School/Institute

_____ Department/Center

Request for deferment of studies _____ academic year

Reason(s) _____

Sign Date

For Official Purpose only

Recommended/Not Recommended _____ Principal /Director/Dean/COD

Committee

Remarks _____

Approved /Not Approved _____

Name _____

Signed _____ Date _____