



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**
P.O. BOX 62000-00200, CITY SQUARE NAIROBI
TELEPHONE: (067) 5870001 - 4

DEFERMENT REQUEST SUMMARY FORM

I.....(Full Name),

Registration No:..... Academic Year:.....

Campus:.....

Course Title:.....

Certificate/Diploma/Degree:..... Year/stage:.....

College:..... School/Institute:.....

Department.....

Request for deferment of studies..... (Academic year)

Reason(s).....

.....

Applicant Signature Date

For Official Purpose only

Principal/Director/Dean/COD

(I recommend/do not Recommended this request)

Reason:.....

Signature.....Date.....

Committee

Remarks:.....

Approved /Not Approved:.....

Name:.....

Signed:.....Date:.....