

KIRINYAGA UNIVERSITY
ACADEMIC LEAVE REQUEST FORM.

INSTRUCTIONS.

1. To be filled and submitted to Registrar, Academic and Student Affairs through the COD's office.
2. Maximum leave period allowed is one year.

Date:...../...../.....

PART I: STUDENT PARTICULARS

Name: **Reg. No:**.....

Phone No:..... **Email:**.....

Programme of Study:

Current Year of Study:..... **Current Semester of study:**.....

Leave Start Date:...../...../..... **Duration of Leave:**

Resumption Date:/...../..... **Students Signature:**.....

I request the University to allow me take an academic leave for the below stated reasons: - (Attach evidence or explain your circumstances below.)

- i.
- ii.
- iii.
- iv.

PART II: FOR OFFICIAL USE ONLY

A. RECOMMENDATION

Recommended / Not recommended:

Remarks (if any)

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COD Name:..... **Signature:** **Date:**.....

B. DEAN OF SCHOOL

Recommended / Not recommended:.....

(Remarks if any)

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DEAN OF SCHOOL

Name:..... **Signature:** **Date:**.....

C. DEANS COMMITTEE APPROVAL

Comments:

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REGISTRAR, ACADEMIC AND STUDENT AFFAIRS.

Name:.....Signature:Date:.....

D. Instructions on adjustment of invoice (if any)

Comments:

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REGISTRAR, ACADEMIC AND STUDENT AFFAIRS.

Name:.....Signature:Date:.....