



MASENO UNIVERSITY

OFFICE OF THE REGISTRAR- ACADEMIC & STUDENT AFFAIRS

DEFERMENT/WITHDRAWAL FROM STUDIES FORM

(COMPLETED IN (5) COPIES ONLY)

PART A(I) DEFERMENTS OF COURSES: *(Complete this part only if you are deferring studies)*

I Mr./Mrs./Miss/Ms. Reg No

Phone No..... Email..... County

School Programme.....

Year of study Semester

Wish to apply to be allowed to defer my courses of study on account of the following (Tick utmost one applicable situation)

- | | | |
|---|--------------------------|--|
| 1. Short course outside the country | <input type="checkbox"/> | |
| 2. Ill Health | <input type="checkbox"/> | <i>(provide medical report)</i> |
| 3. Family problems | <input type="checkbox"/> | |
| 4. Financial constraints | <input type="checkbox"/> | <i>(provide current fee statement)</i> |
| 5. Other problems (please specify here) | <input type="checkbox"/> | |

Period of deferment One Semester One Year Two Years

Date of deferment: _____

PART A (II) RESUMPTION OF COURSES: *(Complete this part only if you are differing studies)*

Resumption of study in Year *(tick appropriate option)* [1] [2] [3] [4] [5] [6]

Semester/Term *(tick appropriate option)* [1] [2] [3]

NAME OF STUDENT _____ SIGNATURE _____ DATE _____

PART B – WITHDRAWAL FROM UNIVERSITY(Complete this part only if you are withdrawing studies)

I Mr./Mrs./Miss/Ms. _____ Reg. No: _____ Year of study _____

Having considered all factors, I have decided to withdraw from Maseno University with effect from (Date)..... my main reason(s) of withdrawing is/are as follows (delete the inapplicable).

- a. To go to another institution
- b. Inability to cope with the course
- c. Financial problem
- d. Personal and other social problems
- e. If none of the above please indicate here below.

NAME OF STUDENT _____ **SIGNATURE** _____ **DATE** _____

PART C: FOR OFFICIAL USE ONLY

C) DIRECTOR, STUDENT AFFAIRS

I recommend/do not recommend that the applicant may proceed to defer/withdraw from the course with effect from _____ to (date) _____

D) DEAN OF SCHOOL

I have to-date assessed the request for deferment/withdrawal and I have accepted/not accepted that the applicant may defer/withdraw from the course effect from (date) _____ to resume _____

SIGNATURE _____ **DATE** _____

E) REGISTRAR, ACADEMIC & STUDENT AFFAIRS

The student has been granted/not granted permission to defer/withdraw from the University.

SIGNATURE..... **DATE**.....

REGISTRAR, ACADEMIC & STUDENT AFFAIRS

Copy to: Student Finance Office, Dean of School, Chairperson of Department, Head of Health Services, Dean of Students, Librarian, Admissions Office, and Student’s File