

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

-CUCK/ASR/FORM 13



The Co-operative University of Kenya

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

NAME.....REG. NO.....
CAMPUS.....
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



CUK is ISO 9001: 2015 Certified

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C. To be filled in by the Campus Director

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

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b) To be filled by the Campus COD/Director/Dean

Comments on the above

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Signature and official stamp

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

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

AVAILABLE NOT AVAILABLE OTHERS (*Specify*)

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E. Dean/Director's comments

ACCEPT

REJECT

.....
Signature
Dean/Director

.....
Date

Approved by: **D.B. OTIENDE**
Ag. Registrar, AA
First date issued 22nd April 2014

