



OPERATIVE UNIVERSITY OF KENYA
P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

REQUEST FOR ACADEMIC LEAVE/ DEFERMENT

Name: Reg. No:
Campus:
Programme:
Year of Study: Semester:
Address: Tel:
Date:

A. I hereby request (tick relevant one and specify the period in the space provided)

1. Academic leave
2. Deferment of Admission

Specify duration:

B. Give specific reasons for your request (Tick appropriately):

Financial Medical (*Attach medical documents*) Compassionate

Others (*Specify*).....

Student's Signature Date.....

C. Dean/Director's Approval

Approved Not approved

If not approved, state reason(s):

.....
Signature (Dean/Director)

.....
Date

D Registrar (AA) Approval

Approved Not approved

.....
Signature and Official Stamp

.....
Date

