



CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638
Website: www.cuk.ac.ke EMAIL: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

REQUEST FOR ACADEMIC LEAVE/ DEFERMENT

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

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

- 1. Academic leave (Continuing Students)
- 2. Deferment of Admission (New Students)

Specify duration: From: To:

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 (For those applying for Academic Leave)

Approved Not approved

If not approved, state reason(s):

.....
Signature (Dean/Director) and Official Stamp

.....
Date

D. Registrar (AA) Approval

Approved Not approved

.....
Signature and Official Stamp

.....
Date

