



**ZETECH
UNIVERSITY**

TRAINING DEPARTMENT

**REQUEST FOR ACADEMIC LEAVE/ COURSE
TRANSFER/DEFERMENT**

**Reference
Issue/Rev.**

**F-7-9
1/1**

(Fill in triplicate)

STUDENT DETAILS

NAME..... REG.NO/ Adm No

COURSE TERM/SEMESTER OF STUDY

ADDRESS TEL: DATE.....

- For Academic Leave/ Deferment of reporting fill section 1 only.
- For course Transfer fill section 2.

1. Academic leave / Deferment of reporting

Deferment Starts & ends on..... (Provide specific Duration)

Academic Leave Starts & ends on..... (Provide specific Duration)

Give specific reasons for your request, (Please tick appropriately)

- Financial Medical (Attach medical documents)
 Compassionate Others (*Specify*)

2. COURSE TRANSFER

From (Current Course) Exam Body.....

To (New Course)Exam Body.....

KCSE Mean Grade (Attach Academic Documents)

I declare that the information supplied on this form and the information given in support of my application is correct and complete.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.

.....
Student's Signature

.....
Date

FOR OFFICE USE ONLY (FACULTY/DEPT/SCHOOL/PRINCIPAL/REGISTRAR APPROVAL)

A. HEAD OF FACULTY/DEPARTMENT/SCHOOL

Does the HOD approve?

- a. Academic leave Approved..... Rejected
- b. Deferment of reporting Approved..... Rejected
- c. Course transfer Approved..... Rejected

Please give detailed comments.

.....
.....

Name Signature Date

Official Stamp.....

B. REGISTRAR'S

ACCEPTREJECT.....

Give Reasons for above

.....



Name Signature Date

Official Stamp.....

D. RECORDS/ ADMISSION OFFICE

CURRENT REGISTRATION NO.....NEW REGISTRATION NO

Name Signature Date

Activity	Responsibility	Signature	Date
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015