



**ZETECH
UNIVERSITY**

TRAINING DEPARTMENT

REQUEST FOR ACADEMIC LEAVE/ COURSE TRANSFER/DEFERMENT

Reference **F-7-9**
Issue/Rev. **1/3**

(Fill in triplicate)

NOTE:

- 1) Academic leave will be granted for a period of **ONLY** one year equivalent to two semesters continuously.
- 2) Deferment will be granted for a period of **ONLY** one semester.
- 3) Change of course should be done within the 5th week from the time of admission.

STUDENT DETAILS

NAME..... REG.NO /ADM NO.....
 COURSE TERM/SEMESTER OF STUDY
 Email..... TEL: ID NO..... DATE.....

- For Academic Leave/ Deferment of reporting fill section1 only.
- For course Transfer fill section 2.
- 1. **Academic leave / Deferment of reporting**

Deferment Starting date& ending date (Provide specific Duration)
 Academic Leave Starting date& ending date..... (Provide specific Duration)

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

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

2. COURSE TRANSFER

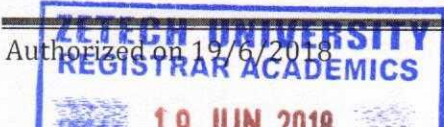
From (Current Course) Exam Body.....
 To (New Course) Exam Body.....
 KCSE Mean Grade..... (Attach Academic Documents)

I declare that the information provided 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





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

A. HEAD OF FACULTY/DEPARTMENT/SCHOOL

- 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

ACCEPT REJECT.....

Give Reasons for above

Name Signature Date

Official Stamp.....

D. DEPARTMENTAL COORDINATOR (copy to be submitted to records office and Finance department)

Name Signature Date

Official Stamp.....

E. RESUMPTION DATE

.....
Student's Signature

.....
Date

.....
HOD's Signature

.....
Date

Current Registration No..... New Registration No in case of Change of Course.....

