



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY

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

NAME.....REG. NO.....
CENTRE./CAMPUS.....
PROGRAMME.....
YEAR/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



C. To be filled in by the Centre/Campus Co-ordinator

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

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b) To be filled by the Campus /Centre's Dean/HOD/Director/Principal

Comments on the above

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Signature and official stamp

D. To be filled in by administrator of School/ Department/ Campus/Centre 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

