



REGISTRAR ACADEMIC AFFAIRS

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DEFERMENT APPLICATION FORM SEMESTER/ ACADEMIC YEAR

This form is intended for use by students who wish to defer. Requests for deferral are not automatically granted, but are decided on a case by case basis.

SECTION A: PERSONAL DETAILS

Surname: Other Names:
Student Registration No.: National ID/Passport No.:
Postal Address: Postcode:
Telephone: Email Address:
.....

SECTION B: DEFERRAL DETAILS

School:
Department:
.....

Programme Name:.....

Year of study: Academic Year: Semester:

Deferral requested for the following study periods: (tick where appropriate)

- Semester
 One academic year
 Other (Specify):

Note: KUCCPS students with one intake per year will be required to apply to defer for one academic year.

Reasons for deferment: Please tick the appropriate box (es). This section must be completed for your application to be considered.

- Financial Unable to meet other conditions of offer in time
 Health Other

If other, please specify:

Signature: Date:

SECTION C: OFFICIAL USE ONLY

Head of Department

Accepted

Rejected

Reasons if rejected:.....

Name: Signature Date

Official stamp:

Dean of School

Accepted

Rejected

Reasons if rejected:.....

Name: Signature Date

Official stamp:

Registrar, Academic & Student Affairs

Accepted

Rejected

Reasons if rejected:.....

Name: Signature Date

Official stamp:

Cc: Dean of Students
Finance Officer
Health Unit
School