



UNIVERSITY OF EMBU

APPLICATION FOR RESUMPTION OF STUDIES FORM

Instructions:

- 1. To be filled in triplicate by continuing students resuming studies after the following;
 - Suspension
 - Semester off/Academic Year off
 - Expulsion (After successful appeal)
 - Medical Leave
- 2. Fill in Section A and F of the form.

SECTION A (To be filled by the applicant)

Name: Reg. No.: Programme:

Nature of leave (Please tick appropriately) Call Off Medical Leave Suspension
 Expulsion

Period of absence: From: To:

Resumption of Studies: Semester/Session: Academic Year:

Mode of Study (Please tick appropriately) Full Time Evenings & Weekends
 Part Time Institutional Based

Student's Signature: Date:

SECTION B (For official use only) Recommendation by the Dean of Students

Comments:

Name: Signature: Date & Stamp:

SECTION C (For official use only) Recommendation by the relevant chairman of the department

Student has met all the stipulated conditions (if any) Yes No

There is a group in session which the student can join Yes No

Comments:

Name: Signature: Date & Stamp:

Note: Students who are supposed to sit for supplementary/Special Examinations should follow the laid down procedure for Registration/Payment as applicable.

SECTION D (For official use only) Recommendation by the relevant Dean of the School

Comments:

Name: Signature: Date & Stamp:

SECTION E (For official use only) Approval by the Registrar (ARE)

Comments:

Name: Signature: Date & Stamp:

SECTION F *(To be filled by the applicant)*

Fill in the units so far completed

S/NO	UNIT CODE	UNIT NAME	SEMESTER	ACADEMIC YEAR
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Cc: *Dean of School*
Student file