

APPLICATION FOR CALL OFF OF STUDIES FORM

Instructions:

1. To be filled in by continuing students calling off their studie	1.	To be filled in	by continuing	students calling	off their studies
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2. Fill in part A to C of the form in duplicate and submit a copy to the Admissions Office

A. STUDENT'S DETAILS					
NAME: MOB. NO: REG. NO: YEAR OF STUDY: SEMESTER/SESSION:	PROGRAMME: DEPARTMENT: SCHOOL: ADDRESS: E-MAIL:				
B. CALL OFF REQUESTED (Tick the semester/session(s), in which leave is being requested and fill-in the Academic Year)					
1 st SemesterAcademic Year	April SessionAcademic Year				
2 nd SemesterAcademic Year	August SessionAcademic Year				
TrimesterAcademic Year	December SessionAcademic Year				
C. REASON FOR CALLING OFF (Tick appropriately)					
Financial Constraints Medical (<i>Attach relevant documents</i>) Personal Other(Specify)					
Student signature: Date:					
FOR OFFICIAL USE:					
D. ADMISSIONS					
Registered	Not Registered				
Signature: Date & Stamp:					
E. RECOMMENDATION BY THE RELEVANT CHAIRMAN OF DEPARTMENT(S)					
Student Class Attendance in the Semester applied for: Attended No Attendance					
	Not Recommended				
Comments:					
Signature: Date & Stamp:					
F. RECOMMENDATION BY THE RELEVANT DEAN OF SCHOOL					
Recommended	Not Recommended				
Comments:					
Signature: Date & Stamp:					
G.APPROVAL BY THE REGISTRAR (ACADEMICS, RESEARCH & EXTENSION)					
Approved Not Approved					
Signature: Date & Stamp:					



Knowledge Transforms

