



# UNIVERSITY OF EMBU

## APPLICATION FOR LATE REGISTRATION

**Notes:**

1. To be filled-in by continuing students requesting for late registration
2. This form should **only** be filled-in by students who have resumed studies and had been attending classes as at the registration deadline for the semester.
3. Fill in part A to C

<b>A. STUDENT'S DETAILS</b>	
NAME: .....	PROGRAMME:.....
MOB. NO:.....	DEPARTMENT:.....
REG. NO:.....	SCHOOL:.....
YEAR OF STUDY:.....	ADDRESS:.....
SEMESTER/SESSION: .....	E-MAIL:.....
<b>B. LATE REGISTRATION REQUESTED</b> <i>(Tick the semester, in which late registration is being requested and fill-in the Academic Year)</i>	
<input type="checkbox"/> 1 <sup>st</sup> Semester.....Academic Year <input type="checkbox"/> 2 <sup>nd</sup> Semester.....Academic Year <input type="checkbox"/> Trimester.....Academic Year	
<b>C. REASON FOR LATE REGISTRATION</b>	
..... .....	
Student signature:.....	Date:.....
<b>FOR OFFICIAL USE:</b>	
<b>D. STUDENT FINANCE</b>	
Billing of surcharge	
Comments:.....	
Signature:.....	Date & Stamp:.....
<b>E. APPROVAL BY THE REGISTRAR (ACADEMICS, RESEARCH &amp; EXTENSION)</b>	
<input type="checkbox"/> Approved <span style="margin-left: 200px;"><input type="checkbox"/> Not Approved</span>	
Comments:.....	
Signature:.....	Date & Stamp:.....

**Copy to:** Chairman of Department  
Student file

