



UNIVERSITY OF EMBU

APPLICATION FOR CALL OFF OF STUDIES FORM

Instructions:

- 1. To be filled in by continuing students calling off their studies
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)

1st Semester, 2nd Semester, Trimester, April Session, August Session, December Session

C. REASON FOR CALLING OFF (Tick appropriately)

Financial Constraints, Medical, 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, Comments, Recommended, Not Recommended, 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, Comments, Signature, Date & Stamp

