

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:	PROGRAMME:
MOB. NO:	DEPARTMENT:
REG. NO:	SCHOOL:
YEAR OF STUDY:	ADDRESS:
SEMESTER/SESSION:	E-MAIL:

B. CALL OFF REQUESTED (Tick the semester/session(s), in which leave is being requested and fill-in the Academic Year)

<input type="checkbox"/> 1 st Semester.....Academic Year	<input type="checkbox"/> April Session.....Academic Year
<input type="checkbox"/> 2 nd Semester.....Academic Year	<input type="checkbox"/> August Session.....Academic Year
<input type="checkbox"/> Trimester.....Academic Year	<input type="checkbox"/> December Session.....Academic Year

C. REASON FOR CALLING OFF *(Tick appropriately)*

☐ Financial Constraints ☐ Medical (*Attach relevant documents*) ☐ 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

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
 Comments:
 Signature: Date & Stamp: