



**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

A. STUDENT'S DETAILS	
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-</i> <i>in the Academic Year</i> )	
1 <sup>st</sup> SemesterAcademic Year	
2 <sup>nd</sup> SemesterAcademic Year	
TrimesterAcademic Year	
C. REASON FOR LATE REGISTRATION	
Student signature: Date:	
FOR OFFICIAL USE:	
D. STUDENT FINANCE	
Billing of surcharge	
Comments:	
Signature: Date & Stamp:	
E. APPROVAL BY THE REGISTRAR (ACADEMICS, RESEARCH & EXTENSION)	
Approved I	lot Approved
Comments:	
Signature:	Date & Stamp:
Copy to: Chairman of Department Student file	

