## UNIVERSITY OF ELDORET APPLICATION FOR DEFERMENT OF COURSES AND WITHDRAWAL FROM THE UNIVERSITY (FIVE COPIES ONLY)

1.	Mr/Mrs/Miss	REG. NO	year of	Study
	wish to apply to be allowed to s	suspend/ defer my courses of study from (date) of the following: (delete) the inapplicable)		
1. 2. 3.	Short course outside the country Ill Health Family problems Financial difficulties Other problems – please specify he			
SIGNA		DATE		
	(II) - WITHDRAWAL FROM UNI			
1.		y	ear of	Study
Having (Date)-	g considered all factors, I have decid	ed to withdraw from University with effect from	n	·
My ma	in reason(s) of withdrawing is/ are	as follows (Delete the inapplicable)		
b) c) d)	To go another institution Inability to cope with the course Financial problems Personal and the social problems If none of the above, please indicate			
(B). DE	EAN OF FACULTY/SCHOOL			
suspen (date)	d/ withdraw from the course with e	erment or withdrawal and I have accepted that to ffects from Datet DATEDATE	to resume	ant may
	AN OF STUDENTS			
date)	to date	d to suspend/ withdraw from the course with e		n 
JIGNA		DATE		
D) RE	DEAN OF STUDENTS	ENTER A PEATING (A CA)		
	GISTRAR ACADEMICS & STUDE lent has been granted permission to sus			
		DATE		
	REGISTRAR- ACADEMI			

