

MKU/PG/ F005



SCHOOL OF POSTGRADUATE STUDIES

MKU/PG/ F005: APPLICATION FORM FOR ACADEMIC LEAVE

To be completed in triplicate and submitted to Registrar, Academic Affairs

PART I: STUDENT PARTICULARS

Name: Reg. No:

Programme of Study:

Year of Study: Trimester:

I request the University to allow me to withdraw from the above study programme because of the following reasons:-

- i.
- ii.
- iii.
- iv.

PART II: FOR OFFICIAL USE ONLY

A. COMMENTS BY SUPERVISORS AND HEAD OF DEPARTMENT.

Name of Main supervisor-----Signature-----
-----Date-----

Name of Supervisor -----
Signature-----Date-----

Head of Department-----Signature-----
-----Date-----

B. COMMENTS BY THE DEAN OF SCHOOL.

Recommended / Not recommended for extension. (*Delete appropriately*)

Remarks (if any)
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Signature of Dean----- Date-----

C. COMMENTS BY THE CHAIRMAN, POSTGRADUATE STUDIES COMMITTEE

Remarks (if any)
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Name: Signature: Date: