KABARAK UNIVERSITY

DEFERRAL REQUEST FORM

This form should be completed and submitted to the Office of the Registrar (Academic and Research).

Student Registration Number: _____

Student Name: _____
LAST FIRST MIDDLE

Telephone: _____ Email: _____

Deferral Information:

Effective Date: _____ Last Date Attended Class:_____

Reason/s for Deferral (place a check mark in the appropriate box):

- ❑ Financial Reasons
- ❑ Personal: Please specify: _____
- ❑ Other: Please specify: _____

When will you return to Kabarak University to resume your studies?

- ❑ January Semester 20___ ❑ May Semester 20___
- ❑ September Semester 20___ ❑ Other: Please specify _____

Student Signature: _____ Date: _____

For Official Use:

Registrar (Academic and Research) Signature: _____ Date: _____

Copy:
- ❑ Dean of School
- ❑ HOD
- ❑ Dean of Students
- ❑ Accounts Office
- ❑ Student File