Indicate type of student
- Self-sponsored ☐
- Government sponsored ☐

STUDENT ACADEMIC REQUISITION FORM

**Request for Defer of Admission/ Academic Leave/Change of Course /Study Mode/Appeals /
Termination of Course**

NAME …….

ADM NO/REG NO…………………………………………………………. Course …………………………………………………

DATE OF APPLICATION………………………………………………MOBILE NO……………………………………………….

A. I hereby request for (Tick relevant option/s)

☐ **Defer of Admission**   ☐ **Academic Leave**   ☐ **Appeal** (attach your appeal letter)

Indicate trimester periods and year for academic leave or defer of admission request

From _____To _____

☐

Change of Campus   From _____ To _____

☐ Change of Course   From _____ To _____

☐ Change of Study Mode   From _____ To _____

☐ **Termination of Course**   ☐ **Readmission**   ☐ **Resumption (From leave)**

B. Give specific reason(s) for the request

☐ Financial   ☐ Medical (attach medical report)

☐ Compassionate   ☐ Job related constraints (attach confirmation letter from employer)

Others (Specify) ………………………………………………………………………………….

A. Comment from Dean/ Director of Faculty/School

………………………………………………………………………………………………

B. Comment from Credit Controller

………………………………………………………………………………………………

C. Comment from Registrar

………………………………………………………………………………………………

FOR OFFICIAL USE ONLY	
Name	Signature
Library	
Dean / Director	
Credit Controller	
Registrar	

Advancing Knowledge Driving Change