



REGISTRAR (ACADEMIC AFFAIRS)
LEAVE OF ABSENCE APPLICATION FORM

Part 1: Student's Details

Name..... Reg. No.....

Programme of study.....

School.....Date of Leave: from:.....to.....

Type of leave (Sick leave / Maternity/bereavement/special)

Details (indicate the nature of the problem if the leave is due to bereavement or other circumstances

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Indicate the lectures and examinations (including CATS) that may be missed during the period of leave

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.....

Signature of the student ..... Date.....

Part 2: Official Use

University Medical Officer (for medical cases only)

Request recommended/Not recommended.

Reason:.....

Name: .....Sign..... Date.....

Dean of Students

Request recommended /Not recommended.

Reason:.....

Name: .....Sign..... Date.....

Dean of the School

Request recommended /Not recommended.

Reason:.....

Name: .....Sign..... Date.....

cc.

Registrar (Academic Affairs)

Finance Officer

Head of Department