

TOM MBOYA UNIVERSITY COLLEGE
(A CONSTITUENT COLLEGE OF MASENO UNIVERSITY)
OFFICE OF THE REGISTRAR- ACADEMIC & STUDENT AFFAIRS

DEFERMENT/WITHDRAWAL FROM STUDIES FORM

(Completed in (5) copies only)

PART A (I) DEFERMENT OF COURSE:

I Mr. /Mrs. /Miss/Ms. Adm. No.
Telephone No. Email. County
School Programme
Year of study Semester

Wish to apply to defer my studies on account of the following (Tick one applicable to you)

- | | | |
|-------------------------------------|--------------------------|---------------------------------|
| 1. Short course outside the country | <input type="checkbox"/> | |
| 2. Ill Health | <input type="checkbox"/> | (provide medical report) |
| 3. Family problems | <input type="checkbox"/> | |
| 4. Financial constraints | <input type="checkbox"/> | (provide current fee statement) |
| 5. Others (please specify) | <input type="checkbox"/> | |

Period of deferment: One Semester ☐ One Academic Year ☐ Two Academic Years ☐

Date of Request for Deferment: _____

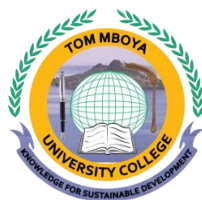
PART A (II) RESUMPTION OF COURSES:

Resumption of Studies in Year (*tick appropriate option*) [1] [2] [3] [4] [5] [6]

Semester/Term (*tick appropriate option*) [1] [2] [3]

NAME OF STUDENT _____

SIGNATURE _____ **DATE** _____



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PART A (III) – WITHDRAWAL FROM THE UNIVERSITY COLLEGE

I, _____ Reg. No: _____

Year of Study _____

Having considered all factors, I have decided to withdraw from Tom Mboya University College with effect from (Date)..... My main reason(s) for withdrawing is/are as follows: Tick the relevant one(s).

- a. To transfer to another institution
- b. I cannot cope with the course
- c. Financial problem
- d. Personal problems
- e. Social problems
- f. If none of the above please indicate here below.

☐
☐
☐
☐
☐

NAME _____ **SIGNATURE** _____

DATE _____

PART B) DIRECTOR, STUDENT AFFAIRS

I recommend/do not recommend that the applicant defers/withdraws from studies with effect from _____ to (date) _____

SIGNATURE _____ **DATE** _____

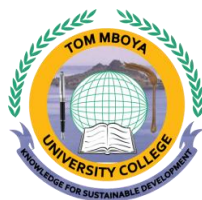
PART C) DEAN OF SCHOOL

I have assessed the request for deferment/withdrawal and accepted/rejected that the applicant defers/withdraws from the course effective from _____ and to resume _____

SIGNATURE _____ **DATE** _____

PART D) REGISTRAR, ACADEMIC & STUDENT AFFAIRS

The student has been granted/not granted permission to defer/withdraw from the University.



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SIGNATURE.....DATE.....