



TECHNICAL UNIVERSITY OF MOMBASA
Office of the Registrar (Academic Affairs)
(To be filled in Quadruplicate)
DEFERMENT /ACADEMIC LEAVE FORM

SECTION A (TO BE FILLED BY THE STUDENT)

Part 1:

Student Personal Details:

Name Reg. No.

Course Year Semester

Address Tel Email:

Part 2:

Academic Leave Deferment

Period: From..... To

Reason
.....

SECTION B (OFFICIAL USE)

Part 1:

CODs comments
.....
.....

Name.....Signature Date/Stamp

Part 2:

Dean's comments
.....
.....

Name.....Signature Date/Stamp

Part 3:

Registrar's comments
.....
.....

Name.....Signature Date/Stamp

Part 4:

Students Registry Officer

Effected in the system Not Effected

Name:Signature..... Date/Stamp

Academic leave/ Deferment: A student will not be allowed to take academic leave extending beyond one academic year or defer studies for more than one semester.

Cc: Chairpersons of Department, Dean of Faculty, Finance Office, Students Registry.

