



**GREAT LAKES UNIVERSITY OF KISUMU
OFFICE OF THE REGISTRAR, ACADEMICS**

COURSE DEFERRAL/WITHDRAWAL FORM

(COMPLETED IN (5) COPIES ONLY)

PART A I DEFERMENTS OF COURSES:*(Complete this part only if you are deferring studies)*

Name: **Reg. No.**
Phone No...... **Email**..... **County:**
School/Faculty **Course:**.....
Year of study **Semester**

Reasons for deferral (Tick as appropriate)

- 1. Short course outside the country
- 2. Ill Health *(provide medical report)*
- 3. Family problems
- 4. Financial constraints *(provide current fee statement)*
- 5. Other problems (please specify here)

Period of deferment One Semester One Year Two Years

Date of deferment: _____

PART A II RESUMPTION OF COURSES: *(Complete this part only if you are deferred studies)*

Resumption of study in Year *(tick appropriate option)* [1] [2] [3] [4] [5] [6]
 Semester/Term *(tick appropriate option)* [1] [2] [3]

NAME OF STUDENT _____ **SIGNATURE** _____ **DATE** _____

PART B – WITHDRAWAL FROM UNIVERSITY (Complete this part only if you are withdrawing from studies)

I Mr./Mrs./Miss/Ms. _____ **Reg. No:** _____ **Year of study** _____

Having considered all factors, I have decided to withdraw from Great Lakes University with effect from (Date)..... my main reason(s) of withdrawing is/are as follows (delete the inapplicable).

- a. To go to another institution
- b. Inability to cope with the course
- c. Financial problem
- d. Personal and other social problems
- e. If none of the above please indicate here below

NAME OF STUDENT _____ **SIGNATURE** _____ **DATE** _____

PART C: FOR OFFICIAL USE ONLY

C) DEAN OF STUDENTS

I recommend/do not recommend that the applicant may proceed to defer/withdraw from the course with effect from _____ to (date)

D) RELEVANT HEAD OF DEPARTMENT

I have to-date assessed the request for deferment/withdrawal and I have accepted/not accepted that the applicant may defer/withdraw from the course effect from (date) _____ to resume

E) DEAN OF SCHOOL/FACULTY

Request for Deferment Approved/Not Approved
Comments _____

SIGNATURE _____ **DATE** _____

F) REGISTRAR, ACADEMIC AFFAIRS

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

SIGNATURE..... **DATE**.....