MOI UNIVERSITY
ISO 9001:2008 Certified Institution

APPLICATION FORM FOR DEFERMENT OF COURSES AND WITHDRAWAL FROM THE UNIVERSITY (FIVE (5) COPIES)

PART A (I) DEFERMENTS OF COURSES
I Mr. /Mrs. /Miss ___________________________ Reg. No.: ___________ Year of Study _______ Wish to apply to be allowed to suspend/defer my courses of study from (Date) ______ to _______ (Date) on account of the following: (Delete the inapplicable).
1. Short course outside the country
2. Ill health
3. Family problems
4. Financial difficulties
5. Other problems – please specify here below

_____________________________________________________________________________________________
_____________________________________________________________________________________________

NAME OF STUDENT ___________________________ SIGN. ___________ DATE ___________

PART A (II) – WITHDRAWAL FROM UNIVERSITY
I Mr./Mrs./Miss______________________________ Reg. No.: ___________ Year of Study _______ having considered all factors, I have decided to withdraw from University with effect from (Date) _______ my main reason(s) of withdrawing is/are as follows: (Delete the inapplicable).
1. To go to another institution
2. Inability to cope with the course
3. Financial problems
4. Personal and other social problems.
5. If none of the above please indicate here below

_____________________________________________________________________________________________
_____________________________________________________________________________________________

NAME OF STUDENT ___________________________ SIGN. ___________ DATE ___________

(B) DEAN OF FACULTY/SCHOOL
I have to-date assessed the request for deferment or/withdrawal and I have accepted that the applicant may suspend/withdraw from the course with effect from Date: ___________ to resume ________ date ____________.

SIGNATURE __________________ DATE ___________
DEAN FACULTY/SCHOOL OF _____________________________

(C) DEAN OF STUDENTS
I recommend that the applicant may proceed to suspend/withdraw from the course with effect from Date _______ to (Date) __________

SIGNATURE __________________ DATE ___________
DEAN OF STUDENTS

(D) DEPUTY VICE CHANCELLOR – STUDENT AFFAIRS (S.A)
The student has been granted permission to suspend/withdraw from the University

SIGNATURE ___________________________ DATE ___________
DVC, S.A