



Kenya School of Revenue
Administration



ACADEMIC LEAVE/ DEFERMENT STUDY FORM

Complete Part A of the Form

PART A : TO BE FILLED BY APPLICANT ONLY

First	Middle	Last
Registration Number:		Date:
Phone Number:	Email address:	
Programme:		
Mode of Study (Day, Evening, Weekend):		
Department (Customs/Tax /EACFFPC):		
Reason (s) for Academic Leave/Deferment :		
Commencement Date:		
Resumption Date:		

PART B : FOR OFFICIAL USE ONLY

Recommended:

Not Recommended:

Head of Department Comments:

Date:	Sign:
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Remarks by Registrar:	
Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>

Date :	Sign:
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