



Kenya School of Revenue
Administration



KENYA REVENUE
AUTHORITY

RESUMPTION OF 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:	
Course:		
Department (Customs/Tax /EACFFPC):		
Semester (January /May/September):		
Reason (s) for Absence:		

PART B : FOR OFFICIAL USE ONLY

Recommended:

Not Recommended:

Head of Department Comments:

Intake to Join:
Remarks by Registrar:

Approved:

Not Approved:

Date :	Sign:
--------	-------