



**KENYA SCHOOL OF REVENUE ADMINISTRATION
ACADEMIC AFFAIRS DIVISION**

ACADEMIC LEAVE/DEFERRMENT FORM

PART A: TO BE FILLED BY APPLICANT

- (a) NAME:.....
- (b) REGISTRATION NUMBER:.....
- (c) PHONE NO & E-MAIL ADDRESS.....
- (d) PROGRAMME:.....
- (e) STUDY MODE(eg Evening, Day, Weekend).....
- (f) DEPARTMENT (Customs/Tax/EACFFPC).....
- (g) DATE:.....

REASON FOR ACADEMIC LEAVE/DEFERRMENT:.....
.....

COMMENCEMENT DATE:.....

RESUMPTION DATE (Month/Year):.....

SEMESTER DEFERRING.....

PART B: FOR OFFICIAL USE

COMMENTS BY HEAD OF DEPARTMENT:

.....

	Recommended	Not Recommended
HEAD OF DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>

Sign..... Date

	Approved	Not Approved
REGISTRAR	<input type="checkbox"/>	<input type="checkbox"/>

Sign..... Date.....