



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

**RESUMPTION OF STUDY FORM**

**PART A: TO BE FILLED BY APPLICANT**

- (a) NAME:.....
- (b) REGISTRATION NUMBER:.....
- (c) PHONE NO & E-MAIL ADDRESS.....
- (d) PROGRAMME:.....
- (e) DEPARTMENT(Customs/Tax/CCFL):.....
- (f) DATE:.....
- SEMESTER (JAN/MAY/SEP) :.....:
- DATE LEAVE WAS TAKEN:.....
- REASON(S) FOR ABSENCE.....
- .....

**PART B: FOR OFFICIAL USE**

**HEAD OF DEPARTMENT COMMENTS:**

**COMMENT:**.....  
.....  
.....

**Approved**

**Not Approved**

**INTAKE TO JOIN:**.....

**REMARKS BY REGISTRAR**

.....

Date.....

Sign.....