KABARAK UNIVERSITY
DEFERRAL REQUEST FORM

This form should be completed and submitted to the Office of the Registrar (Academic & Research)

Student Registration Number: ____________________________

Student Name: ____________________________

Last     First     Middle

Telephone: ____________________________ Email: ____________________________

Deferral Information:

Effective Date: ____________________________ Last Date Attended Class: ____________________________

Reason/s for Deferral (Place a check mark in the appropriate box):

☐ Financial Reasons:

☐ Personal: Please specify: ____________________________

☐ Other: Please specify: ____________________________

When will you return to Kabarak University to resume your studies?

☐ January Semester 20____  ☐ May Semester 20____

☐ September Semester 20____  ☐ other: Please specify ____________________________

Student Signature: ____________________________ Date: ____________________________

For Official Use:
Registrar (Academic and Research) Signature: ____________________________ Date: ____________________________

Copy: ☐ Dean of School

☐ HOD

☐ Dean of Students

☐ Accounts Office

☐ Student File