The Presbyterian University of East Africa

P. O. Box 387- 00902, Kikuyu, Kenya

 Tel: 0723-799904 & 0733-552223, Fax: 020-2192892

Email: info@puea.ac.ke; Website: [www.puea.ac.ke](http://www.puea.ac.ke)

**DEFERMENT FORM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADM NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I would like to defer my studies from Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

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Approved by:

Mainye M.M.

**REGISTRAR**