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DEFERMENT FORM

I _____ ADM NO _____

PROGRAMME _____ Telephone No: _____

I would like to defer my studies from Date _____ to Date _____

Reason _____

Students' signature _____ **Date:** _____

Confirmed by HOD: Signature _____ Date _____

Approved by _____ Date _____

Rev. Dr. Kibaara Titus, PhD.
University Registrar
Encls.