

APPLICATION FOR CALL OFF OF STUDIES FORM

Instructions:

- 1. To be filled in by continuing students calling off their studies
- 2. Fill in part A to C of the form in duplicate and submit a copy to the Admissions Office

2. The impact A to C of the form in duplicate and submit a copy to the Admissions office	
A. STUDENT'S DETAILS	
NAME: MOB. NO: REG. NO: YEAR OF STUDY: SEMESTER/SESSION:	PROGRAMME: DEPARTMENT: SCHOOL: ADDRESS: E-MAIL:
B. CALL OFF REQUESTED (Tick the semester/session(s) in which leave is being requested and fill-in the Academic Year)	
1st SemesterAcademic Year	April SessionAcademic Year
2 nd SemesterAcademic Year	August SessionAcademic Year
TrimesterAcademic Year	December SessionAcademic Year
C. REASON FOR CALLING OFF (Tick appropriately)	
Financial Constraints Medica	(Attach relevant documents)
Personal Other(S	pecify)
Student signature: Date:	
FOR OFFICIAL USE:	
D.APPROVAL BY THE RELEVANT CHAIRMAN OF DEPARTMENT(S)	
	Not Recommended
Comments:	
Signature: Date:	
E. APPROVAL BY THE RELEVANT DEAN OF SCHOOL	
	Not Recommended
Comments:	
Signature:	Date:
F. APPROVAL BY THE DEPUTY VICE-CHANCELLOR (ACADEMICS, RESEARCH & EXTENSION)	
Recommended	Not Recommended
Signature: Date:	



Knowledge Transforms