

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 b	oox):
Financial Reasons:		
Personal: Please specify:		
Other: Please specify:		
When will you return to Kabarak Uni	iversity to resume your st	rudies?
January Semester 20	May Semester	20
September Semester 20	other: Please sp	pecify
Student Signature:		Date:
For Official Use:		
Registrar (Academic and Research) S	Signature:	Date:
Copy: Dean of School		
☐ HOD		
☐ Dean of Students		
Accounts Office		
Student File		