

# KITUTU MASABA TECHNICAL & VOCATIONAL COLLEGE

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P.O. BOX 189 – 40202,

KEROKA

## APPLICATION FOR DEFERMENT

### PART A: STUDENTS DATA:

Name: \_\_\_\_\_ Reg. No. \_\_\_\_\_

Dept.: \_\_\_\_\_ Course: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

I would kindly request your office to approve my application for deferment starting from term \_\_\_\_\_ of module/year \_\_\_\_\_ to term \_\_\_\_\_ of module \_\_\_\_\_

Reason for request: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART B: FOR OFFICIAL USE ONLY

i. **HOD's recommendation:** Request Approved /Not Approved \_\_\_\_\_

Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

ii. **Dean's recommendation:** Request Approved /Not Approved \_\_\_\_\_

Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

iii. **Registrar's Office:** Request Approved /Not Approved \_\_\_\_\_

Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

cc.

- Head of Department
- Dean of students
- Students file