



**BONDO UNIVERSITY COLLEGE
OFFICE OF THE REGISTRAR (AA)**

Tel. 057-2501804

Email: academic@bondo-uni.ac.ke

Website: www.bondo-uni.ac.ke

P.O. BOX 210 - 40601

BONDO

DEFERMENT/ACADEMIC LEAVE REQUEST FORM

I _____ Full Name

Registration No. _____ Academic Year _____

Department/Programme _____

Degree _____ From _____ To _____

Request for deferment of studies/academic leave _____

academic Year

Reason(s) _____

Sign:..... Date:.....

N/B attach supporting documents

FOR OFFICIAL PURPOSE ONLY

Recommended/Not Recommended _____ HOD/Dean of School

Remarks _____

Signature _____ Date _____

Deans Committee

Remarks: _____

Approved/Not Approved _____

Name: _____

Signed: _____ Date: _____