



GARISSA UNIVERSITY

OFFICE OF THE REGISTRAR ACADEMIC & STUDENTS' AFFAIRS

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P. O. Box 1801-70100
Garissa, Kenya
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EXAMINATION DEFERMENT APPLICATION FORM

(Fill the form in quadruple)

1. Personal Information (in Capital Letters)

2. Name (KCSE) _____ Gender _____ Reg. No. _____

3. Mobile No. _____ County _____ Location _____

4. Department _____ Programme (eg. BBM) _____ Year of Study _____

5. Mode of Study (✓Tick as appropriate); Regular [] Weekends [] Part time []

6. Part I: Deferment of examination

I hereby apply to be allowed to defer exams from (date) _____ to (date) _____

On account of the following reasons:

- a). Health (maternity)
- b). court case
- c). Other

Student`s Signature _____ National ID _____ Date _____

7. Student`s Signature _____ National ID _____ Date _____

8. Head of Faculty/School/Department

I have assessed the application request and I have accepted/not accepted that the student may(✓):

- a. Defer exams from date _____ to _____

Name of Verifying Officer _____ Sign _____ Stamp&Date _____

9. Dean of students'

I recommend/ not recommend that the applicant may proceed to defer exams as requested.

Name _____ Sign _____ Stamp&Date _____

10. Registrar-Academic & Students Affairs

The student has been granted permission to defer exams.

Name _____ Sign _____ Stamp&Date _____

11. Important: Distribute the copies to the following Offices:

A). Students' Finance B). Dean of Students' C). Dean of School Registered D). Admissions' Office (Student's File

Garissa University wishes you blessings in all your future endeavors.