KIRINYAGA UNIVERSITY

READMISSION REQUEST FORM

INSTRUCTIONS

1. To be completed and submitted to the Registrar, (ARSA) through the relevant Chairperson of Department (COD) and Dean of School, by students resuming studies after a break for any reason.

2. In case you require more space on part II, you are advised to fill another form for part II only and attach to the first form.

3. Incomplete forms shall not be processed

Date: ……/……/……

PART I: STUDENT PARTICULARS

Name: ..... Reg. No.: .....

Telephone Number:…… …… Email: .....

Programme of Study: .....

Year of Study: ..... Semester of Study: .....

Year and Semester to resume……. (i.e. Y1S1)

PART II: UNITS TO BE TAKEN

Student to list all pending unit(s).

CoD to confirm examination category for each pending unit(s) and if student has all prescribed CATs and marks.

Student to fill			**CoD confirmation of :**	
Unit Code	**Unit Name**	**Semester / Academic Year (if known)**	**Examination category (indicate if ordinary/ special/ supplementary or repeat exam).**	**Sat for CAT (Yes/N0)**

PART III: REASONS FOR APPEAL AND REQUEST FOR READMISSION (STUDENT TO FILL)

1. Reasons/circumstances leading to deregistration (Attach valid supporting evidence. Medical reasons must be supported by relevant medical documents; financial reasons must be accompanied by a fee statement; and compassionate reasons must be supported by a Chief's letter, copy of burial permit or death certificate, where applicable.)

.....

.....

Student declaration: I confirm that the information provided in this form is true and complete.

Student Name: ..... Signature: ..... Date: .....

PART IV: FOR OFFICIAL USE ONLY

A. CHAIRPERSON OF DEPARTMENT (COD) RECOMMENDATION

Recommended for readmission/Not recommended for readmission:.....

Justification for recommendation above:

.....

.....

.....

Name: ..... Signature: ..... Date: .....

B. DEAN OF SCHOOL RECOMMENDATION

Remarks: Recommended/Not recommended……

Name: .....Signature: ..... Date: .....

C. REGISTRAR, ACADEMIC, RESEARCH AND STUDENT AFFAIRS

Approved/Not approved:

Comments, if any: ……

…….....

.....

.....

.....

Instructions on adjustment of invoice to Finance department, if any.....

.....

....., ...

.....

.....

Name: ..... Signature: ..... Date: .....