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BONDO

DEFERMENT/ACADEMIC LEAVE REQUEST FORM

I (Full Name)

Registration Number Academic Year

Department/Programme

Degree from year to year.....

request for academic leaveacademic year

Reason (s)

.....

.....

.....

Sign: Date:

NB: Attach supporting documents

FOR OFFICIAL PURPOSE ONLY

Recommended/Not RecommendedHOD/Dean of School

Remarks

Signature Date.....

Deans Committee

Remarks

Approved/Not Approved

Name

Signed: Date:.....