



Maseno University

OFFICE OF THE REGISTRAR (ACADEMIC&STUDENT AFFAIRS)

RESUMPTION OF STUDIES FORM

(To be filled upon return after Suspension, Deferment/Leave of Absence)

a) Student's Details

Names _____
Surname _____ Other names _____

Reg. No. _____

Programme: _____ School _____

Year of Study _____ Semester _____

Reason for Being away from Studies:

Leave of Absence Deferment Suspension

Period of Suspension/Deferment/Leave of Absence:

Year _____ Semester _____ Academic Year _____

Resumption of Studies:

Year _____ Semester _____ Academic Year _____

Student's Signature _____ Date _____

b) Director Student Affairs

Student has completed the Suspension /Deferment period Yes No

Student has met all the stipulated conditions (for suspension) Yes No

Comments _____

Name _____ Signature _____ Date _____

c) Relevant Head of Department

Student has completed the Suspension /Deferment /Leave of absence **Yes** **No**

There is a group in session which the student can join **Yes** **No**

The student is supposed to sit for Supplementary/Special Exams **Yes** **No**

Comments _____

Date of Resumption _____ Year _____ Semester _____

Name _____ Signature _____ Date _____

Note: Students who are supposed to sit for Supplementary/Examination should follow the laid down procedure for Registration/Payment as applicable.

d) Relevant Dean of School

Request for Resumption Approved/Not Approved

Comments _____

Signature _____ Date _____

Registrar (Academic Affairs)

Request for Resumption Approved/Not Approved

Comments _____

Signature _____ Date _____

CC: Student Finance Office, Dean of School, Chairperson of Department, Head of Health Services, Dean of Students, Librarian, Admissions Office, Student's File.