



STUDENT'S LEAVE APPLICATION FORM

F-2-61-11-1

(FORM SHOULD BE FILLED IN TRIPLICATE)

1. STUDENT'S PARTICULARS

a. NAME.....REG. NO.....
DEPARTMENT COURSE.....

2. PARTICULARS ABOUT THE LEAVE

a. PURPOSE OF LEAVE:
.....
.....

B. DURATION OF LEAVE DAY(S) FROM.....
TO

3. CONTACT ADDRESS WHILE ON LEAVE

.....
.....

STUDENT'S SIGNATURE DATE:

4. LEAVE APPROVED /NOT APPROVED BY CHAIRMAN OF DEPARTMENTS:

SIGNATURE: DATE:

5. LEAVE APPROVED /NOT APPROVED BY DEAN OF STUDENTS:

SIGNATURE: DATE:

NB: Leave lasting more than three (3) days must be notified to the Dean of
Faculty and Registrar (AA)

Copy to: Chairman of Department
Dean of Students
Applicant (student)



JKUAT is ISO 9001 2008 and 14001 2004 Certified