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**KITALE NATIONAL POLYTECHNIC**

**P.O. BOX 2162, KITALE 30200. TEL. 020 2380086**

 Date…………………………

**RE: DEFERMENT OF STUDIES**

I ………………………………………………………..student admission number …………. Course………………Department……………………………. ……………..Do apply to defer my studies

as from ………………….. To ……………………………………..Due to the following reasons

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Parent/guardian/sponsor comment date ..................... phone ..................... ................................... ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Student’s signature………………………………………………………..

**FOR OFFICIAL USE**

Remarks by the HOD

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signature…………………………………………..stamp…………………………date………….

Remarks by registrar

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