



website:  
[www.garissauniversity.ac.ke](http://www.garissauniversity.ac.ke)

email:  
 registrar\_asa@gau.ac.ke

**GARISSA UNIVERSITY**  
**OFFICE OF THE REGISTRAR**  
**ACADEMICS & STUDENTS' AFFAIRS**

P. O. Box 1801-70100,  
 Garissa, KENYA

email:  
[admissions@gau.ac.ke](mailto:admissions@gau.ac.ke)

**DEFERMENT/WITHDRAWAL APPLICATION FORM**

**(Fill the form in quadruple)**

**1. Personal Information (in Capital Letters)**

2. Name (KCSE) \_\_\_\_\_ Gender \_\_\_\_\_ Reg. No. \_\_\_\_\_  
 3. Mobile No. \_\_\_\_\_ County \_\_\_\_\_ Location \_\_\_\_\_  
 4. Department \_\_\_\_\_ Programme (eg. BBM) \_\_\_\_\_ Year of Study \_\_\_\_\_  
 5. Mode of Study (✓Tick as appropriate); Regular [ ] Weekends [ ] Part time [ ]

**6. Part I: Deferment of Courses**

I hereby apply to be allowed to defer my studies from \_\_\_\_\_ to \_\_\_\_\_

On account of the following reasons:

- a). Short course outside the Country.... [ ] b). Ill health... [ ] c). Financial Difficulties.... [ ]  
 d). Other Commitments (Specify) \_\_\_\_\_

Student's Signature \_\_\_\_\_ National ID \_\_\_\_\_ Date \_\_\_\_\_

**7. Part II: Withdrawal from the University**

Having considered several factors, I have decided to withdraw from Garissa University from this Date \_\_\_\_\_ due to the following main reason(s);

- a). Going to another institution..... [ ] b). Inability to cope with the Course..... [ ]  
 c). Financial Difficulties ..... [ ] d). Personal and other Social Challenges.... [ ]  
 e). Other Reasons (Specify) \_\_\_\_\_

Student's Signature \_\_\_\_\_ National ID \_\_\_\_\_ Date \_\_\_\_\_

**8. Head of Faculty/School/Department**

I have assessed the application request and I have accepted that the student may(✓):

- a. Defer [ ] course from date \_\_\_\_\_ to \_\_\_\_\_ or  
 b. Withdraw [ ] from the University from date \_\_\_\_\_

Name of Verifying Officer \_\_\_\_\_ Sign \_\_\_\_\_ Stamp&Date \_\_\_\_\_

**9. Dean of students'**

I recommend that the applicant may proceed to defer [ ]/withdraw [ ] from the course as requested.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Stamp&Date \_\_\_\_\_

**10. Registrar-Academics & Students Affairs**

The student has been granted permission to defer Course [ ]/ withdraw from Garissa University.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Stamp&Date \_\_\_\_\_

**11. Important: Distribute the copies to the following Offices:**

**A).** Students' Finance **B).** Dean of Students' **C).** Dean of School Registered **D).** Admissions' Office (Student's File

*Garissa University wishes you blessings in all your future endeavors.*