



website: www.garissauniversity.ac.ke
email: registrar_asa@gau.ac.ke

GARISSA UNIVERSITY

OFFICE OF THE REGISTRAR

ACADEMIC & STUDENTS' AFFAIRS

P. O. Box 1801-70100,
Garissa, KENYA
email: admissions@gau.ac.ke

RESUMPTION APPLICATION FORM

(Fill the form in quadruple)

1. Personal Information (in Capital Letters)

Name (KCSE) _____ Gender _____ Reg. No. _____
Mobile No. _____ County _____ Location _____
Department _____ Programme (e.g. BBM) _____ Year of Study _____
Mode of Study (✓Tick as appropriate); Regular [] Weekends [] Part time []

2. Resumption of Courses

I hereby apply to be allowed to resume my studies fromto

On account of the following reasons:

- (a) Short course outside the country
- (b) health.....
- (c) Disciplinary
- d) Financial Difficulties
- (d) other commitments (specify).....

Student's Signature _____ National ID _____ Date _____.

3. Head of Faculty/School/Department

I have assessed the application request and I have accepted that the student may

- a. Resume () Course from date _____ to _____

Name of Verifying Officer _____ sign _____ Stamp & Date _____

Dean's Name _____ Sign _____ Stamp&Date _____

4. Dean of Students'

I recommend that the applicant may proceed to resume () for the course as requested.

Name _____ Sign _____ Stamp & Date _____

5. Registrar – Academic & Students Affairs

The student has been granted permission to resume course to Garissa University

Name _____ Sign _____ Stamp & Date _____

Important: Distribute copies to the following Offices:

1. Dean of Students' Office
2. School/Department Registered
3. Students' Finance office
4. Admissions' Office (Student's File)