Your name

Postal Address

Location

Date

To.

The Registrar

Academic Affairs

Egerton.

Through:

The Dean

Your Faculty

Through:

The Chairman

Your department

Through:

The Coordinator

E-Learning

**RE: DEFERMENT OF STUDIES**

This is to inform you that I have decided to defer my studies for the ……………. (first/second/third) session of year (e.g. 2019) (i.e. the January to April Session/ May to August Session/September to December Session). The reason/s for the deferment of my studies is ………………….. (state your reason/s) and thus, I am unable to continue with my studies this session/s.

I plan to resume my studies in the (first/second/third session) of year (e.g. 2019)

(Attach any document to support your reason for deferring and send it to us)

Your name

Your registration number