

KENYATTA UNIVERSITY
DIRECTORATE OF STUDENT AFFAIRS

STUDENT'S ABSENCE FROM CAMPUS FORM

DATE _____

TO: THE DEAN, SCHOOL OF 1. _____

2. _____

THE HEAD, DEPARTMENT OF 1. _____

2. _____

3. _____

NAME _____ REG. NO. _____ Mobile Tel No. _____

RESIDENCE (HOSTEL/BLOCK) _____ ROOM _____

I wish to ask for permission to be absent from University/Lecturers during the following period:

FROM: Date _____ Time _____

TO : Date _____ Time _____

REASONS: _____

Signature _____

Date _____

Permission is hereby granted/Not granted

DIRECTOR, STUDENT AFFAIRS

c.c. Registrar (Academic)

