



Godoma Technical Training Institute

P. O. Box 1808 – 80108, Kilifi, Kenya
Tel 0720 755 952 Email info@godomatti.ac.ke



DEFERMENT/WITHDRAWAL FROM STUDIES FORM

PART A

i. Deferment of Courses; *(Complete this part only if you are deferring studies)*

I Mr./Mrs./Miss/Ms _____ Adm. No. _____

Phone No _____ Email _____

Department _____ Course _____

Module of study _____ Term _____ Academic Year _____

Wish to apply to be allowed to defer my courses of study on account of the following

(Tick utmost one applicable situation)

- a. Short course outside the country
- b. Ill Health *(provide medical report)*
- c. Family problems
- d. Financial constraints *(provide current fee statement)*
- e. Other problems *(please specify here)*

Period of deferment One Term Two Terms One Year Two Years

Date of deferment: _____

ii. Resumption of Courses: *(Complete this part only if you are differing studies)*

Resumption of study in Year [1] [2] [3]

Term *(tick appropriate option)* [1] [2] [3] [1] [2] [3] [1] [2] [3]

Student's Name _____ Adm. No. _____

Signature _____ Date _____

PART B

i. **Withdrawal from Institution;** *(Complete this part only if you are withdrawing studies)*

I Mr./Mrs./Miss/Ms _____ Adm. No. _____

Department _____ Course _____

Having considered all factors, I have decided to withdraw from Godoma Technical Training Institute with effect from (Date) _____ my main reason(s) of withdrawing is/are as follows *(delete the inapplicable)*.

- a. To go to another institution
- b. Inability to cope with the course
- c. Financial problem
- d. Personal and other social problems

If none of the above please indicate here. _____

Student's Name _____ Adm. No. _____

Signature _____ Date _____

FOR OFFICIAL USE ONLY

PART C

a. **Head of Department**

I recommend/do not recommend that the applicant may proceed to defer/withdraw from the course with effect from _____ to (date) _____

Name _____ Sign _____ Date _____

b. **Registrar (Academic Affairs)**

I have assessed the request for deferment/withdrawal and I have accepted/not accepted that the applicant may defer/withdraw from the course effect from (date) _____

Name _____ Sign _____ Date _____

c. **Dean of Students**

The student has been granted/not granted permission to defer/withdraw from the Institution.

Name _____ Sign _____ Date _____