

DEDAN KIMATHI UNIVERSITY

SCHOOL OF ENGINEERING

STUDENT'S REQUEST FORM

DEPARTMENT:

SECTION A: APPLICANT'S IDENTIFICATION DETAILS				
NAME	REG. NUMBER	YEAR OF STUDY	SESSION e.g May-August 2015	PHONE NO.
SECTION B: NATURE OF REQUEST				
e.g Special Examinations, Academic leave etc				
Brief details where necessary;				
SECTION C: IF THE REQUEST IS FOR SPECIAL EXAMINATIONS INDICATE UNITS BELOW				
S.NO	UNIT CODE	UNIT NAME		
1				
2				
3				
4				
5				
6				
7				
8				
9				

NB: if the request is on

- I. Medical grounds, Attach a medical report from DeKUT Medical centre.
- II. Financial grounds, Attach a statement from DeKUT finance office indicating the fees balance.

Signed: _____ Date _____
Student

SECTION D: FOR OFFICIAL USE ONLY

Comments from the Chairman of the Department: _____

Comments from the Dean SoE: _____