

APPLICATION FORM FOR POSTGRADUATE STUDENT RE-ADMISSION

This form should be completed by all postgraduate students seeking to be re-admitted to the University of Eldoret after deferring their studies. Fill the form in block letters and return to director, Board of Postgraduate Studies after being filled and signed by the Student, Supervisors, Head of Department and Dean of the School.

SECTION A

Student Personal Information

NAME: _____ (Surname) _____ (Other names)

Registration No: _____ Programme : _____

Department: _____ School: _____

EMAIL: _____ PHONE: _____ POSTAL ADDRESS: _____

SECTION B : T be filled by the Student

Provide a reason for deferment: _____ (Attach a copy of the deferment form)

Period of deferment: _____ (e.g 2022/2023 Sem1 to 2023/2024 Sem1)

Proposed Year of Study and Semester: _____

NB: Student to attach transcript and progress (e.g.Y1S1, Y2S1, Y3S2)
report where applicable to justify level of joining, fees statement as evidence for fees policy compliance and any other relevant supporting document.

Comments by Supervisors (where applicable):

SECTION C

1. Lead Supervisor: _____

Date: _____ Signature: _____

2. Supervisor 2: _____

Date: _____ Signature: _____

3. Supervisor 3: _____

Date:

Signature:

SECTION D

Official Use Only

To be filled by officers of University of Eldoret

1. Recommendation by the Department:

Comments: (Head of Department):

Signature: _____ Date: _____
(HoD)

2. Recommendation by the School):

Signature: _____ Date: _____
(Dean of School)

3. Recommendation by Board of Postgraduate Studies:

Signature: _____ Date: _____
(Director, Board of Postgraduate Studies)

