



# UNIVERSITY OF EMBU

## STUDENT LEAVE-OUT APPLICATION FORM

- Note:** (i) This form should *be completed in duplicate* prior to proceeding on leave-out.  
 (ii) The maximum period authorized for leave out from the University is *five (5) working days*.  
 (iii) Upon return, the student reports to the office of the Dean of Students to sign in the Leave-out Register.

### STUDENT PARTICULARS

**Name:** ..... **Reg. No.:** .....

**School:** ..... **Department:** .....

**Residence:**                      **Resident**                            **Non-resident:**     

**If Resident, give the hostel name and room No.:** .....

**If Non-resident, describe the location and the name of the hostel/apartment where you live:** .....

**Mobile No.:** .....

### PARTICULARS OF LEAVE-OUT

- i. **Reasons for being away and destination (please give physical address)**  
 .....
- ii. **Next of kin details: Name:** ..... **Relationship:** ..... **Contact:** .....
- iii. **Duration of leave-out: Number of day(s):** ..... **From: (Date):** ..... **To:** .....
- iv. **Units and other academic obligations to be affected during your absence**

S/N	Unit code and name	Please indicate what will be affected			Department
		Lecture	CAT	Exam	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**Students' signature:** ..... **Date:** .....

### LEAVE-OUT APPROVED/NOT APPROVED BY THE DEAN OF STUDENTS

**Name:** ..... **Signature:** ..... **Date & Stamp:** .....

### RESUMPTION DATE (CONFIRMED BY THE DEAN OF STUDENTS)

**Name:** ..... **Signature:** ..... **Date & Stamp:** .....

*NB: Original copy to be kept by the student  
 One copy to be retained by the Dean of Students and photocopies circulated to CODs and Dean of School*