



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)

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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

