



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

