

UNIVERSITY OF IRINGA



POSTPONEMENT OF STUDIES REQUEST FORM

(To be filled in duplicate)

1. Personal Information

Surname: _____ First Name _____ Middle Name _____
Registration No: _____ Year of Entry _____ Expected Year of Completion _____
Year of Study (e.g. 1st, 2nd): _____ Semester: _____ Academic Year: _____
Faculty: _____ Department: _____
Programme: _____ Specialty: _____
Mobile No: _____ Email address(s): _____

2. Reasons for Postponement (*Please tick the appropriate box*)

Medical	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Social	<input type="checkbox"/>	Others	<input type="checkbox"/>
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Briefly explain (*and attach evidences*)

NOTE: No student is allowed to postpone studies if the student is not officially registered

3. Postponement Period Sought (*Maximum postponement period is only one (1) academic year*)

Number of Semesters _____ Starting Date: _____ to _____

4. Postponement History: 1st Postponement: From _____ to _____
2nd Postponement: From _____ to _____

(*You will be required to attach a complete signed copy of this form on your application to resume studies*)

Date of Application _____ Signature _____

For OFFICIAL USE ONLY (Authorization for Postponement of Studies)

5. Recommendations by the Deans of Students

Name _____ Signature _____ Date _____

6. Recommendations by the Head of Department

Name _____ Signature _____ Date _____

7. Recommendations by the Dean of Faculty

Name _____ Signature _____ Date _____

8. Recommendations by the Director of Postgraduate Studies, Research, and Consultancy (*for postgraduate students only*)

Name _____ Signature _____ Date _____

9. Approval by the DVC ARC

Name _____ Signature _____ Date _____

Copy to file

Dean Faculty ___ Head of Department ___ Admission Officer ___ Dean of Students ___ SAMIS Admin ___