



**BISHOP STUART
UNIVERSITY**

Our God Reigns

OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FORM REQUESTING FOR A DEAD YEAR/SEMESTER

NAME.....

REG NO..... sex.....

Year of study.....Student No.

Academic year.....

Semester..... program.....

Reason for request of dead year/semester.....
.....

Year/semester expected to resume studies.....

Phone contact.....

Email address.....

Signature..... Date.....

Parent/guardian's name.....

Next of kin..... Contact.....

Place of residence.....

Phone contact.....

Email address.....

Sponsorship: name of sponsor..... Contact.....

Email address.....

Signature.....Date.....

For official use only.

Head of Department Comment:.....

Signature Date

Dean of Faculty Comment.....

Signature..... Date.....

Academic Registrar's Office Comment.....

Signature Date

