



MINISTRY OF EDUCATION
STATE DEPARTMENT FOR TECHNICAL VOCATIONAL EDUCATION AND
TRAINING
CARDINAL MAURICE OTUNGA
TECHNICAL AND VOCATIONAL COLLEGE



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Tulumba, Off Mateka

DEFERMENT OF STUDIES REQUEST FORM

Student Information *(attach a copy of admission letter)*

Full Name: _____ Admission Number: _____

National ID/Passport Number: _____ Contact Number: _____

Email Address: _____ Course: _____

Department: _____ Academic Year/Term: _____

Deferment Details

1. Reason for Deferment *(Please tick and provide details below)*

- ☐ Medical Reasons ☐ Financial Constraints ☐ Family Obligations
- ☐ Employment Opportunity ☐ Other (specify): _____

Provide a brief explanation for the selected reason:

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2. Proposed Duration of Deferment

○ Start Date: _____ End Date: _____

3. Expected Semester/Year of Return

○ Semester: _____ Year: _____

Terms and Conditions

1. Deferment is subject to the college's policies and must be approved by relevant authorities.
2. Students must clear any outstanding fees and obligations before deferment.
3. The maximum allowable deferment period as per college policy is one academic year.
4. It is the student's responsibility to communicate with the institution about their intent to resume studies before the deferment period expires.

Student Declaration

I, _____, confirm that the information provided is true to the best of my knowledge. I understand and accept the terms and conditions of this request.

Signature: _____ Date: _____

Approval Section

1. Office of Career Services

Comments: _____

Name: _____

Signature: _____ Date: _____

2. Head of Department

Comments: _____

Name: _____

Signature: _____ Date: _____

3. Finance Officer

Comments: _____ Fee Balance.....

Name: _____

Signature: _____ Date: _____

4. Registrar/Principal

Comments: _____

Approved: [] Yes [] No

Name: _____

Signature: _____ Date: _____