



Maasai Mara University

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

RESUMPTION OF STUDIES FORM

(To be filled by Continuing Students Resuming Studies after Suspension/Deferment)

a) Student's Details

Names _____
Surname _____ Other names _____

Adm. No. _____

Programme: _____ School _____

Year of Study _____ Semester _____

Reason for Being away from Studies: Deferment Suspension

Date of Suspension/Deferment: _____ Date of Resumption: _____

Signature _____ Date _____

b) Dean of Students

Student has completed the Suspension /Deferment period Yes No

Student has met all the stipulated conditions (for suspension) Yes No

Comments _____

Name _____ Signature _____ Date _____

c) Relevant Head of Department

Student has completed the Suspension /Deferment period Yes No

There is a group in session which the student can join Yes No

The student is supposed to sit for Supplementary/Special Exams Yes No

Comments _____

Date of Resumption _____ Year _____ Semester _____

Name _____ Signature _____ Date _____

Note: Students who are supposed to sit for Supplementary/Special Examinations should follow the laid down procedure for Registration/Payment as applicable.

d) Relevant Dean of School

Request for Resumption Approved/Not Approved

Comments _____

Signature _____ Date _____

e) Registrar (Academic Affairs)

Request for Resumption Approved/Not Approved

Comments _____

Signature _____ Date _____

CC: Student Finance Office, Dean of School, Chairperson of Department, Head of Health Services, Dean of Students, Librarian, Admissions Office, Student's File.