



DEFERMENT/WITHDRAWAL FORM

COMPLETED IN FIVE (5) COPIES ONLY

PART A (1) DEFERMENTS OF STUDIES

I Mr./Mrs./Miss..... REG NO.....
 PROGRAMME.....
 YEAR.....SEMESTER..... PHONE NO.....
 wish to apply to be allowed to defer my studies from (Date).....to.....
 on account of the following (*delete the inapplicable*)

1. Short course outside the country
2. Ill health
3. Family problems
4. Financial difficulties (*Attach fees statement*)
5. Other problems (please specify here)_____

SIGNATURE_____

DATE_____

PART A (II) – WITHDRAWAL FROM UNIVERSITY

I Mr./Mrs./Miss..... REG NO.....
 YEAR.....SEMESTER..... PHONE NO.....

Having considered all factors. I have decided to withdraw from the Maasai Mara University with effect from (Date).....my main reason (s) for withdrawing is/are as follows (*delete the inapplicable*)

- a. To transfer to another institution
- b. Inability to cope with the course
- c. Financial Problems
- d. Personal and other social problems
- e. If none of the above please indicate here below.

f. **SIGNATURE**_____

DATE_____

(B) CHAIRPERSON OF DEPARTMENT

I have assessed the request for deferment/withdrawal and recommend that the applicant may proceed to defer /withdraw from the course with effect from (date) _____ to resume _____. Upon resumption, the student will join Year _____ Semester _____.

SIGNATURE: _____ **DATE** _____

C) DEAN OF SCHOOL

I recommend that the applicant may proceed to defer/withdraw from the course with effect from (date) _____ to _____

SIGNATURE: _____ **DATE** _____

(D) DEAN OF STUDENTS

I recommend that the applicant may proceed to defer/withdraw from the course with effect from (date) _____ to _____

SIGNATURE _____ **DATE** _____

(E) REGISTRAR, ACADEMIC AFFAIRS

The student has been granted permission to defer/withdraw from the University with effect from (date) _____ to _____.

SIGNATURE _____ **DATE** _____



MAASAI MARA UNIVERSITY

LEAVE OF ABSENCE

SECTION C TO BE APPROVED BEFORE STUDENT DEPARTURE SECTION A: TO BE FILLED BY THE STUDENT FIVE (5) COPIES

FULL NAME _____ REGNO _____

ROOM RESIDENCE _____ PHONE NO _____ I am requesting
to be granted leave of absence for _____ days with effect from (date) _____ To
_____ (date) on account of *sickness/Maternity/compassionate (Delete whichever is
applicable)

If other reasons other than the above stated please specify here below:

***Students on compassionate leave will be exempted from having signatures for HOD and lecturers.**

The following CATS/EXAMS are likely to be missed during this absence.

STUDENTS SIGNATURE _____

SECTION B

COURSE CODE	COURSE TITLE	LECTURERS NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B TO BE FILLED BY HEAD OF DEPARTMENT

SECTION C DEAN OF FACULTY/SCHOOL /INSTITUTE

I do recommend/not recommend _____ leave days.

Signature _____ DATE _____

Dean Faculty/Institute of _____

DEAN OF STUDENTS

SECTION D

I do approve/not approve leave of absence for _____ days from date _____

To (date) _____ *reasons for not approving (specify here below)

Signature _____

Date _____

cc Registrar Academics

Dean, Faculty/School/institute

Head of Department



MAASAI MARA UNIVERSITY

BONAFIDE FORM

DATE: _____

TO WHOM IT MAY CONCERN

This is to confirm that Mr./Mrs./Miss _____

REG. NO. _____ is a bonafide student of Maasai
Mara University

Kindly, please assist him/her.

Mohamed Adan
DEAN OF STUDENTS



MAASAI MARA UNIVERSITY

STUDENT BONDING FORM (TO BE FILLED IN TRIPLICATE)

NAME:

(Capital letters)

REG.NO.....YEAR OF STUDY.....NATIONAL ID/PASSPORT NO.....

Declare that I will abide by the Rules and regulations Governing the Conduct and discipline of the students of Maasai Mara University. Undertake to respect the rights of others to pursue their education and further promise to respect the rights and privileges of other members of the university community and to desist from acts of vandalism on University, private and public property at all times.

If I do not abide by this bond, I will forfeit my place in the University and face any other legal consequences that may be deemed necessary against me.

I solemnly swear.

SIGNATURE _____ **DATE** _____
IN THE PRESENCE OF THE DEAN OF STUDENTS

NAME _____ **DATE** _____
SIGNATURE _____ **RUBBER STAMP** _____

C.C

1. PARENT/GUARDIAN (WRITE FULL ADDRESS AS PER YOUR OFFICIAL DOCUMENTS)



MAASAI MARA UNIVERSITY (MMU)

GAMES AND SPORTS DEPARTMENT

REF: _____

DATE:

FROM: The Director of Sports
Maasai Mara University (MMU)

TO:

.....

.....

SUBJECT: LOSS/DAMAGE OF SPORTS EQUIPMENT/ FACILITIES

You are hereby reminded that:-

1. You caused the loss/ damage of the following sports equipment/ facilities as per
Ref.....
 (i)
 (ii)
 (iii)
 (iv)
 (v)
2. By copy of this letter therefore, you are required to **immediately**
 (Repair/ replace) the above listed equipment / facilities
 as per the MMU Rules and Regulations within SEVEN (7) days w.e.f the above date.
3. You shall be surcharged if you fail to.....(repair/replace) the said
 equipment / facilities by date..... in accordance
 with Article 2.2.3 on page 8.

Thank you.

Games and Sports tutor

MAASAI MARA UNIVERSITY

WORK- STUDY APPLICATION FORM

A. PERSONAL DETAILS

NAME.....

GENDER.....

YEAR OF STUDYADM NO.....

PROGRAMME.....

HOME COUNTY

MOBILE NUMBER

B. FAMILY BACKGROUND

a) Status of parent (tick as appropriate)

- i) Both parents alive
- ii) One parent alive
- iii) No parent
- iv) Single parent
- v) Other (specify).....

b) Status of home (tick as appropriate)

- i) Poor
- ii) Fair
- iii) Good

c) Occupation of parents

Father.....

Mother.....

Gurdian.....

Tel. No: Father:Mother..... Gurdian.....

d) Number of Siblings

- i) In Primary School
- ii) In High School
- iii) In College/University
- iv) In Employment

C. FINANCIAL AID

1. Higher Education Loans Board (HELB) loan

State the loans and bursaries received from HELB since joining University

Year 1: Kshs.

Year 2: Kshs.

Year 3: Kshs.

Year 4: Kshs.

2. Rattansi Bursary Fund (Indicate how much received)

Year 1: Kshs.

Year 2: Kshs.

Year 3: Kshs.

Year 4: Kshs.

3. Constituency Development Fund

(Indicate how much received)

Year 1: Kshs.

Year 2: Kshs.

Year 3: Kshs.

Year 4: Kshs.

4. Work Study Programme

Indicate YES if you have participated in the programme

5. Current outstanding Fee balance

Kshs.

(NB Student Finance Officer to certify the above information)

Name..... Signature.....

Date and rubber stamp.....

D. ACADEMIC PERFORMANCE/QUALIFICATION

i. KSCE SCORE.....

Previous year/semester performance in the University (indicate all units done)

.....

.....

DEAN OF STUDENTS/COMMITTEE'S COMMENTS

.....

.....

Provide a current fee statement stamped by student finance

E. What in your view, makes you qualified for a work study programme

.....

Have you ever been presented for disciplinary since joining the University? If YES,

Explain

.....

.....

Issued by the Dean of Students Office



MAASAI MARA UNIVERSITY

MMUSA ELECTIONS CLEARANCE FORM FOR A DELEGATE DEPARTMENT OF

NAME:..... REG. NO.....

POSITION.....

Dear Sir/Madam

COMPLIANCE CERTIFICATE

Iwish to present myself for the post of

1. CERTIFICATION BY: DEAN, FACULTY/SCHOOL/INSTITUTE OF

I wish to certify that Mr. /Mrs.has shown consistent and his/her performance is 60% or above and I certify that his/her class work will not suffer by offering him/herself for the post of a delegate.

NAME: _____ SIGNATURE _____ DATE/STAMP

2. CERTIFICATION BY : FINANCE OFFICE

I Certify that the above named have no outstanding fee balances for the previous academic years and has paid 60% of the current semester.

NAME: _____ SIGNATURE: _____ DATE/STAMP

3. CERTIFICATION BY : SENIOR SECURITY OFFICER

I Certify that the above named have no criminal record or any continuing investigation

NAME: _____ SIGNATURE: _____ DATE/STAMP

DECLARATION

Having read and understand that MMUSA Constitution Article 12 in compliance with the senate Rules and regulations Governing the conduct and Discipline of Maasai Mara University (7. Academic Responsibility and Leadership),

MR/MISS/MRS.....

(CAPITAL LETTERS) official registration names only)

Do hereby declare my intention to contest for the post of

Attached below is a list of my nominees in accordance with the constitution

SIGNATURE OF THE CANDIDATE.....

NAME OF AGENT.....**REG NO**.....**SIGNATURE:**



MAASAI MARA UNIVERSITY

MMUSA ELECTIONS CLEARANCE FORM FOR MMUSA SC

NAME:..... REG. NO.....

POSITION.....

Dear Sir/Madam

COMPLIANCE CERTIFICATE

Iwish to present myself for the post of

4. CERTIFICATION BY: REGISTRAR ACADEMIC AFFAIRS.....

I wish to certify that Mr. /Mrs.has shown consistent and his/her performance is 60% or above and I certify that his/her class work will not suffer by offering him/herself for the post of a SGC

NAME: _____ SIGNATURE _____ DATE/STAMP

5. CERTIFICATION BY : FINANCE OFFICE

I Certify that the above named have no outstanding fee balances for the previous academic years and has paid 60% of the current semester.

NAME: _____ SIGNATURE: _____ DATE/STAMP

6. CERTIFICATION BY : SENIOR SECURITY OFFICER

I Certify that the above named have no criminal record or any continuing investigation

NAME: _____ SIGNATURE: _____ DATE/STAMP

DECLARATION

Having read and understand that MMUSA Constitution Article 12 in compliance with the senate Rules and regulations Governing the conduct and Discipline of Maasai Mara University (7. Academic Responsibility and Leadership),

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SIGNATURE OF THE CANDIDATE.....

NAME OF AGENT.....**REG NO**.....**SIGNATURE:**



MAASAI MARA UNIVERSITY

NOMINATION FORM FOR MMUSA ELECTIONS- 2022/2023

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DATE:----- TOTAL APPROVED

DEAN OF STUDENTS