



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