



# 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.