



RIRAGIA TECHNICAL AND VOCATIONAL COLLEGE

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KISII

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**DEFERMENT FORM**

*(To be filled in duplicate)*

I.....would like to defer my studies

for.....(years/months) until.....

Course Name.....

Department.....ADM No.....

Reason for deferment.....

.....

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Applicant Signature..... Date.....

***Official use***

Registrar's remarks.....

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Official Stamp..... Date.....