UNIVERSITY OF RWANDA

COLLEGE OF SCIENCE AND TECHNOLOGY

APPLICATION FORM FOR POSTPONEMENT OF STUDIES

PART A: FOR COMPLETION BY THE STUDENT

Please complete all sections in this form, and return it to the School Dean's Office

1. Surname _____ 2. First Name(s) _____

3. Date of Birth _____4. Student Registration No. _____

5. Year of Study _____6. : Academic Year_____

7. Department_____8.Faculty_____

9. Personal Address: _____

Tel No.: _____ Email address_____

10. Mode of study: ☐ Day ☐ Evening

11. Category of Students ☐ Public ☐ Private

12. Ubudehe Category ☐

13. Reasons for wishing to postpone your studies (please tick the box with appropriate reason and attach proof):

☐ **Academic reasons** ☐ **Work related reasons**

☐ **Health reasons** ☐ **Other**

☐ **Financial reasons**

Please note the following conditions;

Normally students will be allowed one period of postponement of studies and for only one year. The exceptions are requests for maternity leave, debilitating illness/handicap where medical evidence suggests that the student will be able to return to study within a further year, and events or conditions occurring so close to the end of an academic year that the circumstances that made the request necessary will clearly still be in force in the next year.

Repeated suspension shall not be granted for chronic, on-going medical conditions. Instead the Dean shall consult with the student and the Institution's medical officer or other disability officer to see what help the Institution can offer that will help to overcome the effect of the condition insofar as ability to study is concerned.

No student shall postpone studies for more than two academic years and not more than once at any given level. Instead, students should re-apply for admission with transferred credit, under whatever admission rules are in force at the time.

14. Students repeating or carrying forward some modules must list them below, indicating the semester of offer.

_____
_____
_____
_____

15. Provide in the space below a detailed explanation as to why you wish to postpone your studies. You may attach a letter if the space provided is not enough (the information you give will be treated with confidence)

_____
_____
_____
_____
_____
_____

16. Indicate with a tick below the period you will be away from the Institute. Please tick one of the following.

☐ **One semester**
☐ **One year**
☐ **Two years**

17. Date of last class attendance (……../……../……)

18. With whom did you discuss your decision to postpone studies? **(Please tick relevant boxes).**

☐ **Head of Department**
☐ **Dean of Students**
☐ **Health Unit**
☐ **Counseling Office**
☐ **Other**

If you ticked 'Other' Please give details below:

_____
_____
_____
_____

(Please attach a valid student ID)

19. Student Signature: _____ Date: _____

PART B: FOR COMPLETION BY INSTITUTE OFFICIALS

20. Comment/ Recommendation from Director of Students' Services or In charge of the clinic (for ONLY Social and medical cases respectively)

_____
_____
_____
_____
_____
_____

21. Verification by the Registrar's Office

_____
_____
_____
_____
_____

22. Comment/ Recommendation from HoD (Please indicate the student's previous years' academic status, current academic progress and class attendance):

_____
_____
_____
_____
_____
_____

23. Comment/Recommendation of the Dean of School

_____
_____
_____
_____
_____
_____

24. Decision (by the Dean of School)

☐ Request Granted

☐ Request not granted

School Dean's Signature: _____

Date: _____