



**INSTITUTE/FACULTY OF .....**

**FORM NO.4. POSTPONMENT OF STUDIES/EXAMINATIONS**

**REF:** ..... **Date:** .....

**TO:** DVC Academic .....

**Through:** Director of Institute/Faculty Dean .....

**Through:** Head of Dept.: .....

**1. Student's Personal Information:**

Name: ..... Reg. No: .....  
 Country: ..... Male [..] Female [..]  
 Year/Semester: ..... Specialisation: .....  
 Tel. No: .....  
 Signature .....

**2. Request for Postponement Studies/the following Examinations:**

Academic Year .....  
 1. .... By [Name of Instructor; .....]  
 2. .... By [Name of Instructor;.....]

**3. Justification/Reasons for the request:**

a) Sickness: ..... b) Social Grounds:  
 c) Others:

**4. Supporting Documents:**

a) Letter ..... b) .....  
 c) ..... d) .....

**5. University Medical Officer or Dean of Students' Report:**

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**Name** ..... **Signature** .....

**6. Head of Dept's Detailed Justification for the Recommendation:**

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 .....

**7. Course Work Results for modules to be sat for as FIRST SITTING are:**

1. ....  
 2. ....  
 3. ....

**8. Signature, Date and official stamp of HoD**

**9. Institute Director/Faculty Dean's justification for approval.....**

**NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM**