



THE TECHNICAL UNIVERSITY OF KENYA
OFFICE OF THE DIRECTOR OF THE STUDENT SUPPORT SERVICES
STUDENT'S ABSENCE FROM CAMPUS FORM

[PRINT AND SUBMIT IN DOUBPLICATE]

TO: THE DIRECTOR/HEAD, SCHOOL OF _____

DATE: _____

THE CHAIRMAN, DEPARTMENT OF _____

DATE: _____

Mr./Mrs./Miss.....

Registration number.....Mobile Telephone Number.....

is a student in our University pursuing.....

I wish to ask for permission to be absent from University/Lectures during the following period

FROM: Date..... Time.....

TO: Date..... Time.....

REASONS TO BE ABSENT.....

Signature:..... Date.....

PERMISSION IS HEREBY GRANTED/NOT GRANTED.....

REASON FOR PERMISSION NOT GRANTED.....

Rev Fr Dr Ndikaru Wa Teresia

Signature:..... Date.....

Director of Student Support Services