**EAST AFRICA INSTIUTE OF PROFESSIONAL COUNSELING**

**REQUEST FOR PERMISSION TO DEFER EXAMINATIONS**

***(To be filled in duplicate at least two weeks before the dates of semester examinations)***

1. **Name Reg. No.**

**Semester Date**

1. Reason(s) for **deferring Examination** (tick where appropriate and **provide evidence**):
2. Sickness
3. Bereavement
4. Maternity/Paternity
5. Tuition

*(Please note that these are the only reasons on the basis of which one can be allowed to defer examination)*

1. **Units applied for :**
2. Unit Code ……………………………. Unit Title……………………………………………………………..
3. Unit Code ……………………………. Unit Title……………………………………………………………..
4. Unit Code ……………………………. Unit Title……………………………………………………………..
5. Unit Code ……………………………. Unit Title…………………………………………………………….

***FOR OFFICIAL USE ONLY***

1. **Expected special examination date…………………………………………………………………………………………**

**Director of Training comments:………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………**

**Signature …………………………………………………………………………………………………………………………………**

**Date ……………………………………………………………………………………………………………………………………….**

1. **Examination Board Recommendations**:

Recommended Not recommended Signature and Official Stamp

**Remarks (if any):** …………………………………………………………………………………………………...

1. **Head of Examinations**

Comments……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Signature…………………………………………………… Official stamp

 Date: ………………………………………………………………………..