



DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS

BU/DGSRI.F9

POSTPONEMENT OF STUDIES FORM¹
(To be filled in quadruplicate)

1. PERSONAL PROFILE

Surname:.....First Name:.....

Middle Names:.....

Sex Nationality:

Registration Number:.....

Date and Year of Entry:

Expected Completion Date:

Year of Study: Semester:

Academic Year:.....

Programme:.....

Department:

Academic Unit:

2. PERSONAL CONTACTS

Postal Address:

Mobile Number:

Other Telephone Numbers:

Email:.....

3. REASONS FOR CHANGE OF PROGRAMME²

Please Tick

Medical () **Financial** () **Social** ()

Others ()

Briefly Explain³

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4. POSTPONEMENT PERIOD SOUGHT⁴

Starting Date

Expected Date to Resume Studies.....

5. POSTPONEMENT HISTORY

1ST Postponement From.....To.....

2nd Postponement From.....To.....

3rd Postponement From.....To.....

You will be required to attach a copy of this form on resuming studies

Date submitted:

Signature:

¹This form is applicable to be filled in by candidates who are pursuing graduate programmes by Coursework and Dissertation and who are at coursework stage as stipulated in the Graduate Handbook. No candidate can be allowed to postpone studies if the candidate has not paid tuition fees and officially be registered for studies. 5

²A candidate may attach any relevant documents to support his/her request.

³If Postponement is sought on medical grounds, candidate **MUST** attach a medical report certified by the Medical Officer Busitema University.

⁴Students shall be allowed to be away from the University studies for a maximum of two years if they are to be re-admitted to the same programme and to the year of studies where they left.

FOR OFFICIAL USE ONLY

RECOMMENDATIONS FROM THE CURRENT PROGRAMME

1. Comments by the Head of Department:

Recommended **YES/ NO (*Please Tick*)**

Remarks (if any)

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.....

Name

Signature.....

Date:

2. Comments by the Faculty Dean:

Recommended **YES/ NO (*Please Tick*)**

Remarks (if any)

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Name

Signature.....

Date:

3. Comments by the Director DGSRI:

Recommended **YES/ NO** (*Please Tick*)

Remarks (if any)

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Name

Signature.....

Date:

4. Comments by the DVC Academic Affairs, Research and Innovations:

Recommended **YES/ NO** (*Please Tick*)

Remarks (if any)

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Name

Signature.....

Date: