



# VISION EMPOWERMENT TRAINING INSTITUTE

Nairobi Main Campus  
Sunrays house, 4<sup>th</sup> Floors,  
Near Khoja Round about  
Opp. Old Nation Hse, Fire station,  
Tel: 0720655582, 0710139458  
P.O Box 10829-00400 Nairobi  
Website : [www.veti.ac.ke](http://www.veti.ac.ke)

Kitengela Campus,  
Vision Empowerment Plaza,  
Opp Yukos Total Petrol Station,  
100m Off Kitengela-Namanga Road  
Tel: 0720 655 582.  
0706 723 380, 0792411992  
Email: [info@veti.ac.ke](mailto:info@veti.ac.ke)  
[www.veti.ac.ke](http://www.veti.ac.ke)

Mombasa Campus  
Along mitambo road, Bamburi Mwisho  
Junction, Opp. Petrolynk petrol station,  
Adjacent Tumaini children's home, Near  
Naivas Supermarket  
Tel: 0720655582 / 0707585084  
Email: [info@veti.ac.ke](mailto:info@veti.ac.ke)

## **APPLICATION FOR DEFERMENT**

Instruction: If reason for deferment is sickness or bereavement, you are expected to attach a photocopy of documentary evidence as proof. N/B : No request will be approved without it having been cleared by Head of Department , the Deputy and principal of the School.

**PART A: STUDENTS DATA:** Name: \_\_\_\_\_ Adm. No. \_\_\_\_\_

Department : \_\_\_\_\_ Intake | Year : \_\_\_\_\_ / \_\_\_\_\_

Parent Contact Mobile: \_\_\_\_\_ Student Phone No. \_\_\_\_\_ I would kindly

request the office to approve my application for deferment starting from Semester \_\_\_\_\_ Date \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ To semester \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### **PART B: REASON(S) FOR DEFERRING:**

Tick (√) where appropriate \* Mandatory or N/A where applicable.

1. Financial Problems ( <i>indicate fee arrears</i> )	
2. Medical Reasons ( <i>attach a proof document</i> ) *	
3. Compassionate Reasons ( <i>attach a proof document</i> ) *	
4. Any other reason ( <i>Please state briefly</i> )	

Note: \* Attach copy of certified Medical Report OR a copy of any other supporting document. Any other issue of importance or request.....

Student Signature..... Date.....

### **PART C: FOR OFFICIAL USE ONLY**

i. **Deputies'** recommendation: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ii. **Principal** recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

iii. **Approved | Disapproved** \_\_\_\_\_ Reason \_\_\_\_\_

iv. **Statutory | Mandatory fee Payables** (*in disregard of stipulated policy*) \_\_\_\_\_

- Cc. – Exams office  
 - Secretary of school  
 - Students finance  
 - Students file