

ASHESI INTERRUPTION OF STUDIES FORM

| Student ID No: | Full Name: | | | |
|--|----------------|----------------------|--|--|
| Date of Birth: | Major: | | | |
| Mobile No: | Private Email: | ••••• | | |
| PART A: DEFERRAL OF STUDIES / WITHDRAWAL FROM ASHESI If you intend to defer your studies, kindly complete this section of the form and submit it to the Academic Registry at least two weeks before the commencement of the semester within which you wish to defer your studies. Please, read Section 5.26 (on Deferral of Studies) in the Student Handbook very carefully before completing and submitting this form. | | | | |
| Declaration of Intention: I want to: | | | | |
| Operation Defer my programme for one semester Defer my programme for two semesters | | | | |
| O Voluntarily withdraw from Ashesi University | | | | |
| Current academic level: | | | | |
| First (Freshman) Year Second (Sophomore) Year | | | | |
| ○ Third (Junior) Year ○ Fourth (Senior) Year | | | | |
| Reason for deferral/withdrawal: Financial Acade | | Indicate Schola MCF | orship Status (if applicable): Other (e.g. Tullow, etc) | |
| Personal Other (Please sp | | ○ AFA | ○ Fee Paying | |
| (Flease sp | • | | ther (above), indicate the name of type/agency below | |
| | | ••••• | | |
| Deferment begins from: | | End of deferme | ent period: | |
| Student's Signature | | Date | | |
| Office Use Only | | | | |
| Academic Advisor's Approval: | Signature | | Date | |
| HOD's Approval: | Signature | | Date | |
| Sponsor/Financial Aid Approval: (For MCF scholars or other students on scholarship) | Signature | | Date | |
| Provost's Approval: | Signature | | Date | |
| Academic Registry: (Received) | Signatwe | | Date | |
| Deferment approved for: One Semes | ster Two Se | emesters 🔲] | Deferment Letter issued : | |



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| Student ID No: | Full Name: | | | |
| Date of Birth: | Major: | | | |
| Mobile No: | Private Email: | | | |
| PART B: RESUMPTION OF STUDIES If you intend to resume your studies, kindly complete this section of the form and submit it to the Academic Registry before the end of the registration period of the semester within which you wish to resume your studies. You will be considered as permanently withdrawn from Ashesi if you fail to resume your studies within two semesters. When submitting this form, attach a completed Individual Curriculum Planning Form outlining a realistic plan towards graduation, taking into consideration the semester(s) you stayed away from school during your deferment period. You are strongly advised to see the Academic Advisor to assist you complete the Individual Curriculum Planning Form. | | | | |
| Attached completed Individual Curriculum Planning Form: Yes | | | | |
| Last date of attendance: | No. of semesters left to graduate: | | | |
| Deferment Period: | Expected year of graduation: | | | |
| Met with Academic Advisor: Yes | No Paid the requisite fees: Yes No | | | |
| | | | | |
| Student's Signature | Date | | | |
| Office Use Only | | | | |
| Academic Advisor's Approval: | Signature Date | | | |
| HOD's Approval: | Signature Date | | | |
| Sponsor/Financial Aid Approval: (For MCF scholars or other students on scholarship) | | | | |
| Provost's Approval: | | | | |
| | Signature Date | | | |
| Academic Registry: Re-admission application form submitted to the Registry: Resumption not approved: overstayed deferment period: Resumption letter issued by Registry on: | | | | |
| Approved to resume studies beginning: | Fall (First) Semester 20 Spring (Second) Semester 20 | | | |