

# UNIVERSITY OF EASTERN AFRICA, BARATON

## FREE CREDIT HOURS REQUEST FORM

NAME ..... DATE .....

( ) FACULTY ( ) STAFF ( ) SPOUSE (PLEASE TICK ONE)

TERMS OF SERVICE IF EMPLOYED .....

COURSE BEING REQUESTED .....  
.....

NUMBER OF CREDIT HOURS ..... TIME IT IS OFFERED .....

INDICATE HOW YOU WILL MAKE UP FOR THE TIME IF THE COURSE IS OFFERED DURING WORK HOURS  
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WHICH OF THE FOLLOWING IS APPLICABLE?

THE COURSE IS ( ) TOWARD A DEGREE ( ) FOR PROFESSIONAL GROWTH ( ) OTHER

IF OTHER INDICATE.....  
.....

INPUT FROM WORK SUPERVISOR (DEPARTMENT HEAD)  
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SIGNATURE ..... DATE .....

ADBOARD ACTION

APPROVED: ACTION NUMBER .....

NOT APPROVED: REASON  
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ADMINISTRATIVE BOARD'S SECRETARY SIGNATURE ..... DATE .....