

COUNCIL OF LEGAL EDUCATION EXAMINATIONS OFFICE

APPLICATION FORM FOR DEFERRAL OF EXAMINATION(S)

- This Form <u>Must</u> Be filled In <u>Duplicate</u> and presented with <u>One</u> (1) set of the required documents
- Candidate retains one (1) STAMPED copy of the application form
- Incomplete forms shall not be processed
- All the required parameters in the form must be completed

PART I: PERSONAL DETAILS

(Names should be written IN BLOCK and in full as they appear in student's identification document)

SURNAME	FIRST NAME	OTHER NAME
REGISTRATION NUMBER AT	KSL 	
NATIONALITY	NATIONAL I	ID/PASSPORT NUMBER
GENDER	DATE OF BIRTH	D D M M Y Y Y Y
M F		
PART II: CONTACTS		
MOBILE PHONE NUMBER		
EMAIL ADDRESS		
POSTAL ADDRESS COD	E TOWN/CITY	HOME COUNTY

PART III: UNITS FOR WHICH CANDIDATE IS DEFERRING

Indicate with a tick alongside the unit(s) you wish to defer.

S/N	CODE/UNIT	Please tick
1	ATP 100 Civil Litigation	
2	ATP 101 Criminal Litigation	
3	ATP 102 Probate and Administration	
4	ATP 103 Legal Writing and Drafting	
5	ATP 104 Trial Advocacy	
6	ATP 105 Professional Ethics	
7	ATP 106 Legal Practice Management	
8	ATP 107 Conveyancing	
9	ATP 108 Commercial Transactions	

REASON FOR SEEKING DEFERRAL (Attach extra sheet if the space provided is not sufficient)		

PART IV: ATTACHMENTS You MUST indicate the requisite documents you are filing with this mandatory application form. (Documents are NOT ACCEPTED separately. All documents MUST be filed together.)

(Documents are NOT ACCEPTED separately. All documents MOST be filed together.)		
Evidence of registration for exam one is deferring Examination card where applicable Documentation in support of deferral		
Applicant's Signature: Date:		
FOR OFFICIAL USE ONLY		
APPLICATION APPROVED / NOT APPROVED		
REASONS		
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COMMENTS ON EXAMINATION FEES		
SIGNED: DIRECTOR, EXAMINATIONS		