

SPECIAL EXAMINATION REQUEST FORM

Instructions

1. Please fill in all the details required on page 1 of this form.
2. For each unit that you list below, attach the necessary supporting documents e.g. doctors report, fee statement, bereavement of immediate member of the family etc.
3. If approved, you will be required to sit for the special examination when the unit is **NEXT** on offer, failure to which the validity of the approval will expire and you will be required to register for the unit afresh.
4. The Vice Chancellor or the Deputy Vice Chancellor may approve special exams for other reasons but such exemptions will attract a special exam fees which will be set and reviewed by the University Management from time to time.

STUDENT DETAILS

Name of Student: **Admission No:**

Year of Study: **Semester:**

School/Department:

Programme: **Specialization:**

Email: **Mobile Number:**

Reason(s) for missing examination(s)

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Kindly fill in all the information required below regarding the unit(s) you are requesting special examination(s) for.

	Unit Code	Unit Title	Semester course was taken	CAT 1 Marks	CAT 2 Marks	Lecturer's Name	Exam Officer verification
1							
2							
3							
4							
5							
6							

Date: **Signature:**



Please return the original to the Registrar's office but keep a copy of this form until you receive results for all the exams taken.

FOR OFFICIAL USE ONLY

SCHOOL/DEPARTMENT

The School/Department is satisfied that the student named above met all requirements for the course(s) indicated and may be allowed to sit for special exam.

Recommended Not Recommended

Comment:

Name: Sign: Date:
HOD/Dean

FINANCE OFFICE

The above student has paid in full all fees for the Semester.

Verified by: Sign: Date:
Finance Officer

VICE CHANCELLOR/DEPUTY VICE CHANCELLOR:

Approved Not Approved

Special examination fee: Applicable Not Applicable

Comment:
.....
.....

Name: Sign: Date:
VC/DVC

Effected by: Sign: Date:
Examination Officer