

Appendix 16: REQUEST TO INVESTIGATE MISSING MARK(S)

KIBU-EXA-F-024



KIBABII UNIVERSITY – ACADEMIC AFFAIRS DEPARTMENT
EXAMINATION OFFICE

REQUEST TO INVESTIGATE MISSING MARK(S)

NAME:..... REG.NO:..... Phone No:.....

SECTION TO BE COMPLETED & SIGNED BY STUDENT						SECTION TO BE COMPLETED BY COURSE LECTURER			COD		
SN	Course Code	Course Title	Year of Study	Academic Year	Semester I/II/III	Date Exam done	Action Taken	Action By	Sign.	Action Date	Status (Resolved/Pending)
1											
2											
3											
4											
5											
6											

NOTE: Attach a Photocopy of the signed Examination Card(s)
Students Signature:..... Date:.....

NOTE: Confirm fully supported documentation i.e. Signed on Examination Attendance Form(s), Examination Script etc.

FOR: OFFICIAL USE ONLY: Approval (If the reason is fully supported with documentation)

CHAIRPERSON OF DEPARTMENT

Name: Sign/Stamp..... Date:.....

DEAN OF FACULTY/SCHOOL

Name: Sign/Stamp..... Date:.....

Area of Validity : KIBU	Authorized by: Prof. Shem Aywa (Management Representative)	Sign:	DATE: 11/11/16
	Approved by: Prof. Isaac Ipara Odeo (Vice Chancellor)	Sign:	DATE: 11/11/16