



**NAME:** ..... **REG. NO:** .....

**PLEASE tick where applicable**

REASON FOR THE REQUEST (Attach the supporting documents)

- **Financial – Indicate the amount: .....**
- **Medical**
- **Any other**
- **S. No. Course Code Course Title**

1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....
7.	.....	.....
8.	.....	.....
9.	.....	.....
10.	.....	.....

**STUDENT'S SIGNATURE:** ..... **DATE:** .....

**FOR OFFICIAL USE ONLY**

**Approval** (If the reason is fully supported with documents)

- 1. Chairperson of Department**

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

- ## 2. Dean of Faculty/School

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

- ### 3. Registrar(AA)

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



### Appendix 3: Application for Remarking Form

KIBU-EXA-F-003



#### KIBABII UNIVERSITY - ACADEMIC AFFAIRS

#### EXAMINATIONS OFFICE APPLICATION FOR REMARKING

**Registration Number:** ..... **Name:** ..... **Date:**.....

**Academic Year:** ..... **Semester:** ..... **Telephone No:**.....

Please indicate below the course codes and titles of examinations for which remarking is requested

S/NO.	Course Code	Course Title
1		
2		
3		

Reasons for appeal for remarking

.....  
.....  
.....  
.....

***Chairperson of Department***

Comments

.....  
.....

Name:..... Signature & Stamp: ..... Date:.....

***Dean of Faculty***

Comments

.....  
.....

Name: ..... Signature & Stamp:..... Date:.....

***Registrar (AA)***

Signature:.....

Date:.....

**NOTE:** - Request for remarking must be done within a month after senate confirming the results

- A candidate who requests for a remark shall pay a non-refundable fee of Ksh. 750 per paper