

APPENDIX 13: APPLICATION FOR SPECIAL EXAMINATION FORM

KIBU-EXA-F-014



**KIBABII UNIVERSITY – ACADEMIC AFFAIRS EXAMINATIONS OFFICE
APPLICATION FOR SPECIAL EXAMINATION(S) FORM**

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

PLEASE tick where applicable

YEAR OF STUDY: 1st 2nd 3rd 4th

SEMESTER: 1st 2nd

Indicate Missed Regular Examination:

- **Academic Year:**.....
- **Date:**

REASON FOR THE REQUEST (Tick where appropriate and attach the supporting documents)

- Financial – Indicate the amount:**
- Medical**
- Compassionate**

S. No.	Course Code	Course Title
1.
2.
3.
4.
5.
6.

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:**