



**KIBABII UNIVERSITY – ACADEMIC AFFAIRS EXAMINATIONS OFFICE  
EXAMINATION REGISTRATION FORM (SUPPLEMENTARY)**

**NAME:** ..... **Registration Number:** .....

**Academic Year:** ..... **Semester:** .....

**Telephone No:** .....

Please indicate the course codes and titles of the exams requested in the spaces provided below;

S/NO	Course Code	Course Title
1.		
2.		
3.		
4.		

Amount paid: Kshs..... (in words) .....  
 .....(kindly attach copie(s) of receipts(s) for payment)

**Student’s Signature:** ..... **Date:** .....

***Chairperson of Department***

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

***Dean of Faculty***

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

**Registrar (AA)**

Signature: ..... Date: .....

Note: Fees charged: - Undergraduate - Kshs. 500.00 per paper Diploma  
 - Kshs. 500.00 per paper Bachelors  
 - Postgraduate - Kshs. 1,000.00 per paper