



**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