



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

NAME: REG. NO:Phone No:

PLEASE tick where applicable

YEAR OF STUDY:

1 st	2 nd	3 rd	4 th
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SEMESTER:

1 st	2 nd
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Indicate Missed Regular Examination:

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

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

	Medical – University Medical Officer to confirm authenticity of supporting evidence
	Compassionate – University Dean of Students to confirm evidence of reason provided

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:

