


Special Examination Form

	ZETECH UNIVERSITY	EXAMINATION OFFICE	
		TITLE	SPECIAL/SUPPLEMENTARY EXAMINATION FORM
		Issue/Rev	1/2

A copy of your completed application should be made available to the Head of Faculty and the Examination Office.

Student Name.....Tel No

Registration Number..... Name of Course.....

Nature of Assessment e.g. End term Exam

This is an application on the basis for [tick]

Medical
 Compassionate
 Disability

Note 1: Applications made on medical grounds must be accompanied by a medical certificate.

Note 2: Compassionate (Bereavement/maternity)

Note 3: Failure to attend a Special Examination as arranged, the student shall be required to register for the unit again which is to be paid for [re-take]

Consideration

The consideration should be done to students who apply before exams

S/ N	Unit Code	Unit Name	Unit Lecturer Name	Unit Lecturer Signature
1				
2				
3				
4				
5				
6				
7				

Applicants Signature:

Date:



Administrative use only

Approved by: Head of Department

Name _____ Signature _____ Date: _____

Approved by: Faculty dean

Name _____ Signature _____ Date: _____

Approved by:

Approved by: Senate

Signature _____ Date _____

