

Office of the Registrar

Examinations and Assessment Administration

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## **Exit Examination Application**

| Student Number   |                              |                |            |
|--|------------------------------|----------------|------------|
| Surname :  |                              |                | Initials : |
| Full Names :   |                              |                |            |
| Programme of Study :   |                              |                |            |
| Cellular Phone Number :  |                              |                |            |
| Email Address :  |                              |                |            |
| Course Code for which appli  | cation is made for Exit Exam | ination:       |            |
| 1.   |                              | _              |            |
| 2  |                              | _              |            |
| I herewith declare that the above-mentioned information is correct.          |                              |                |            |
|  |                              |                |            |
| Students Signature   | Dat                          | re             |            |
| Recommendation by Facult   | / Officer :                  |                |            |
| Faculty Officers Signature   | Dat                          | re             |            |
|  | 0                            | FFICE USE ONLY |            |
| Application Approved   | Application Rej              | ected          |            |
| Has student been notifi  | ed: Yes                      | No             |            |
| Acting Assistant Registrar Department: Examination Certification and Timetal |                              | ce             |            |