NAMIBIA UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Office of the Registrar

Examinations and Assessment
Administration

Exit Examination Application Form

Student Number										

Surname: _____ **Initials:** _____

Full Names: _____

Programme of Study: _____

Cellphone Number: _____

E-mail Address: _____

Course Code for which application is made for Exit Examination:

1. _____ **2.** _____

I herewith declare that the above-mentioned information is correct.

_____ _____
Student's Signature **Date**

Recommendation by Faculty Officer: _____

_____ _____
Student's Signature **Date**

OFFICE USE ONLY

Application approved: Yes ☐ **Application rejected:** No ☐

Has the student been notified: Yes ☐ No ☐

_____ _____
Assistant Registrar: **Date**
Department: Examinations, Certification and Timetabling