NAMIBIA UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Office of the Registrar

Examinations and Assessment
Administration

Special Examination Application Form

Student Number										

Surname: _____ **Initials:** _____

Full Names: _____

Programme of Study: _____

E-mail Address: _____ **Cellphone number:** _____

Reason (s) for absence during examination: (attach proof)

_____

_____

_____

Course Codes for which application is made for special examination:

_____

_____

_____

_____ _____

Student's Signature **Date**

Recommendation by Head of Department: _____

_____ _____

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