

Office of the Registrar

Examinations and Assessment Administration

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## **Special Examination Application**

Student Number			
Surname :			Initials :
Full Names			
Programme of Study			
Cellular Phone Number			
Email Address			
Reason (s) for absence during	examination: (attach proof)		
Course Codes for which applic	ation is made for special examin	ation:	
1		2	
3		4	
5		6	
Students Signature	Date	2	<u> </u>
Recommendation by HoD :			
, –			
HoD's Signature	Date	2	
	(	OFFICE USE ONLY	
Application Approved	Application Rejecte	ed	
Has student been notified:	/es No _		
Acting Assistant Registrar Department: Examinations Certification and Timetabli		1	