



# Special Examination Application

Student Number							
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Surname : \_\_\_\_\_

Initials : \_\_\_\_\_

Full Names : \_\_\_\_\_

Programme of Study : \_\_\_\_\_

Cellular Phone Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

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

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Course Codes for which application is made for special examination:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_  
**Students Signature**

\_\_\_\_\_  
**Date**

Recommendation by HoD : \_\_\_\_\_

\_\_\_\_\_  
**HoD's Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Application Approved		Application Rejected	
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Has student been notified: Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
**Acting Assistant Registrar**  
*Department: Examinations,  
Certification and Timetabling*

\_\_\_\_\_  
**Date**