



Exit Examination Application

Student Number							
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Surname : _____

Initials : _____

Full Names : _____

Programme of Study : _____

Cellular Phone Number : _____

Email Address : _____

Course Code for which application is made for Exit Examination:

1. _____

2. _____

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

Students Signature

Date

Recommendation by Faculty Officer : _____

Faculty Officers 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