KAIMOSI FRIENDS UNIVERSITY (KAFU)

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

APPLICATION FORMS FOR SUPPLEMENTARY EXAMINATION

Name…… Registration Number: ……..…..

Academic Year: ……. Semester: …… Telephone No……

(Please indicate in the space provided below the course and titles of Special/Supplementary exams applied for and pay Ksh.1, 000 per course to the finance office).

S/N.	Course Code	Course Title

Reasons/circumstances for requesting examination

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Chairperson of Department

Name:…….Signature & Stamp:…… Date: ……...

Dean of Faculty

Name:…….Signature & Stamp:…… Date: ……...

Finance Office

KAFU/F/501/002

Name:…….Amount Paid……Signature & Stamp:…… Date: ……....

Registrar (AA)

Name:…….Signature & Stamp:…….. Date: ……...