

KAIMOSI FRIENDS UNIVERSITY (KAFU)

Office of the Registrar, Academic Affairs

APPLICATION FOR REMARKING

Registration Number:			Name: D	ate:
Academic Year: Semester:Telephone No:				
Please indicate below the course codes and titles of examinations for which remarking is requested:				
	S/N	Course Code	Course Title	
Reasons for appeal for remarking				
Chairmanan of Danastraant				
Chairperson of Department Comments				
Name:			Signature & Stamp	Date:
Dean of Faculty Comments				
Name:			Signature & Stamp [)ate:
Regist	rar (A	A)		
Signat	ure:			
NOTE:				

VERSION A REVISION: 01

- Request for remarking must be done within a month after senate confirming the results.

A candidate who requests for a remark shall pay a non-refundable fee of Ksh.750 per paper.



VERSION A REVISION: 01