



**KAIMOSI FRIENDS UNIVERSITY (KAFU)**  
**Directorate of Examinations.**

**APPLICATION FOR REMARKING**

**Registration Number:** ..... **Name:** ..... **Date:** .....

**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

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**Chairperson of Department  
Comments**

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

**Dean of Faculty  
Comments**

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

**Finance Office**

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

**Director of Examinations.**

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