

**KAIMOSI FRIENDS UNIVERSITY**

# DIRECTORATE OF EXAMINATIONS

**EXAMINATIONS SUBMISSION CHECKLIST**

**NAME OF DEPARTMENT**: **EXAMINATION OFFICER’S CONTACT**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sn** | **COURSE CODE** | **EXAMINATION DESCRIPTION (FULL TITLE)** | **NUMBER OF CANDIDATES** | **EXAM DATE** | **REMARKS** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I confirm that the submitted examinations were: **moderated** (moderation report is attached)/**not moderated** and proof read (Tick: **√**accordingly)

CoD’s NAME   \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:   SIGNATURE

NAME OF RECEIVING OFFICER-----------------------------------  DATE-------------------------------  SIGNATURE -----------------------------------