

**KAIMOSI FRIENDS UNIVERSITY**

# DIRECTORATE OF EXAMINATIONS

**EXAMINATIONS SUBMISSION CHECKLIST**

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

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