



KAIMOSI FRIENDS UNIVERSITY

Directorate of Examinations

RE-TAKE EXAMINATION REGISTRATION FORM

Name..... Registration Number:

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

(Please indicate in the space provided below the course and titles of Re-take exams applied for and pay Ksh.3, 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

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

Director of Examinations.

Name..... Signature & Stamp.....