



KAIMOSI FRIENDS UNIVERSITY

Directorate of Examinations

SPECIAL EXAMINATION REGISTRATION FORM

Name..... Registration Number:

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

(Please indicate in the space provided below the course and titles of special exams applied for and confirm fee payment to the finance office).

S/N.	Course Code	Course Title

Reasons/circumstances for requesting for special examination (attach evidence)

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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.....