



KAIMOSI FRIENDS UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

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:

Registrar (AA)

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