SEKU/ARI/EXAM/F-07

SOUTH EASTERN KENYA UNIVERSITY

OFFICE OF THE ACADEMIC REGISTRAR

SUPPLEMENTARY EXAMINATIONS REQUEST FORM

(To be filled in triplicate – Copy to academic Registrar, School and Student)

STUDENT DETAILS

Name_____Admission No _____

School_____Department_____

Degree programme_____ student phone no: _____

UNITS TO BE REQUESTED

Unit Code	Unit Title	Semester (First Attempted)	Academic Year

APPROVED BY

Department– *(Confirm student's eligibility to sit supplementary exams for listed units)*

_____ _____ _____

Chairman /Dean (Name) Signature Date / Stamp

Finance Section

(Confirm full fee payment) amount paid

Finance Officer (Name)---------- Signature---------- Date / Stamp

ICT Department (Name)---------- Signature---------- Date / Stamp

Office of Academic Registrar

_____ _____ _____