



SPECIAL EXAMINATION REQUEST

STUDENT INFORMATION

NAME :	MATRIC NO:
PROGRAMME:	FACULTY:
SEMESTER :	DATE OF ABSENTEEISM :

REASON OF ABSENTEEISM:

SUPPORTING DOCUMENT (TO BE ATTACHED) :

- i)
- ii)

COURSE INFORMATION

NO	CODE AND COURSE NAME	EXAM DATE	LECTURER
1			
2			
3			
4			
5			
6			

Student's signature:

.....

Date:

OFFICE USE FACULTY

Faculty Academic Board's Approval

Name and Stamp:

Date :

EXAMINATION UNIT

Verified by Assistant Registrar :

Name and Stamp :

Date :