



KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

SUPPLEMENTARY EXAMINATIONS REQUEST FORM

(To be filled in Triplicate – Coy to Registrar, School and Student)

STUDENT DETAILS

Name _____ Admission No _____

School _____ Department _____

Course _____

UNITS TO BE EXAMINED

Unit Code	Unit Title	Semester (First Attempted)	Academic Year

APPROVED BY

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

Chairman (Name)

Signature

Date/Stamp

FinanceSection– *(Confirm full fee payment)*

Finance Officer (Name)

Signature

Date/Stamp

Office of Registrar (Academic)– *(Approved for Registration)*

Section Head (Name)

Signature

Date/Stamp