CU/ADM/FORM/9b

CHUKA UNIVERSITY

Knowledge is Wealth *(Sapientia divitia est)* Akili ni Mali

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

Telephones: 020-2310512/18 P. O. Box 109-60400, Chuka
Direct Line: 0771094000 / 0202329073 Email: raca@chuka.ac.ke Website: www.chuka.ac.ke

UNDERGRADUATE SPECIAL EXAMINATION REGISTRATION FORM

INSTRUCTIONS: This form should be completed in Triplicate by each registered student and attach evidence (medical□, bereavement □ or Dean of Students' leave of absence □ report).

NAME: (in full) ……

REGISTRATION NO: ……

FACULTY ……

PROGRAMME: (e.g. B.Ed. Primary): ……

INDICATE CAUSE OF SPECIAL……..

DEPARTMENT: ……..

SPECIAL COURSES

SN	Course Code	Course Title	CF
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Student's Signature: …… Date……

FOR OFFICIAL USE ONLY

The above information has been certified as correct by the undersigned.

Please indicate if medical□, bereavement □ or Dean of Students' leave of absence □ report (tick appropriately).

Chairperson of Department: ……Sign……. Date: ……..

Official Stamp…….....

Dean of the Faculty: …… Sign……. Date: …….

Official Stamp…….....

Registrar (AA) …… Sign……. Date: ……

Official Stamp…….....

Finance Department

(i) Total CF's approved.....@ Ksh.....Amount payable Ksh.....

(ii) Amount paid Ksh…….....Receipt No. .....

(iii) Finance Officer's name ……..Sign.....Date.....

Official Stamp……

Original– Registrar (AA)/Students File Copy

Duplicate-Faculty

Triplicate – Student

NB: *No student will be allowed to sit for examinations unless he/she has cleared fees.*