

CHUKA



UNIVERSITY

CU/ADM/FORM/9b

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

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

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P. O. Box 109-60400, Chuka

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.....Phone No.....

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 nameSign.....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.