

CHUKA



UNIVERSITY

CU/ADM/FORM/5

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

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UNDERGRADUATE SPECIAL/RESIT 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 (IF SPECIAL)

DEPARTMENT:

SPECIAL/RESIT 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.