

UNIVERSITY OF NAIROBI
FACULTY OF ARTS

REQUEST FOR SPECIAL EXAMINATION FORM

DEPARTMENT _____ DATE _____

1. STUDENTS DETAILS

NAME: _____ REG. NO: _____

UON EMAIL _____ MOBILE: _____

2. COURSEWORK DETAILS

COURSE CODE & COURSE TITLE	SEMESTER UNIT WAS REGISTERED EG (MAY-AUG. 2008)	SEMESTER COURSEWORK WAS DONE E.G. (MAY - AUGUST 2008)	LECTURERS NAME

Indicate reason for applying for the special examination _____

3. APPROVALS: - Course Lecturer Approved Not approved

Signature

Date

Approval by Chairman

Signature

Date

Approved in the SMIS

Signature

Date

1. dept-historyarch@uonbi.ac.ke ó Department of History and Archaeology
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