

APPLICATION FOR A SUPPLEMENTAL EXAMINATION

Lecturer Name:..... Student Name:.....
(PRINT) (PRINT)

Faculty:..... Student USI:.....

Course Code & Name:.....

Semester:..... Year:.....

Reason for absence from the Final Examination: (documentation required)

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Student's Signature:..... Date:.....

Lecturer's Signature:..... Date:.....

APPROVED NOT APPROVED Reason:.....

.....

Name of Head of Department:..... Date:.....

Signature of Head of Department:..... Date:.....

COPY TO:

- EXAMS DIVISION (Original Form)
- FACULTY OFFICE
- ASSISTANT DEAN

NB: To be eligible for a Supplemental the student must have been fully registered for the course and must provide plausible/documentary evidence for his/her absence from the examination. A Supplemental is ONLY applicable to Final Examinations.

A fee of five thousand dollars (\$5,000.00) is charged for any Supplemental Examination.