



APPLICATION FOR SPECIAL EXAMINATION

This form should be completed if you were unable to attend a scheduled examination due to illness or other special cause and must be lodged at your school / department office within three days of the scheduled examination.

A separate form should be completed for each subject for which a special examination is being requested. The Certification of a Doctor in support of this application in case of illness MUST be completed

Please write in BLOCK LETTERS

Section 1: Student's Details			
Full Name			
Current & Correspondence Address			
Telephone No.		Mobile No.	
ID No. / Passport No.			
Date of Birth		Gender	
Nationality			
Religion		Race	
Programme		Current Semester	
Email Address			

State reason for special exam
I require this special exam because : Signature of Candidate: _____ Date : _____

Section 2: Student's Declaration
I hereby declare that the above information given by me is true and correct. Signature: _____

Section 3: Approval by Head of Department	Section 4: Approval by Registrar
<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved Name _____ Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved Name _____ Date _____