



APPLICATION FOR SUPPLEMENTARY/ SPECIAL EXAMINATION

Note:

- i. No request will be approved without clearance by Chair of Department and the Dean of the School.
- ii. For Special examination state the reason for request and attach the appropriate documentary evidence:

PART A: STUDENTS DATA: Name: _____ Reg. No. _____

Dept: _____ School: _____

Contact Information _____ Phone No. _____

I kindly request your office to approve my application for Supplementary/Special examination (tick where appropriate).

Unit Code _____ Unit Title _____

Academic Year _____ Course Lecturer _____

I have read and understood the Pwani University Examination Policy governing supplementary examination

Signature _____ Date _____

Student

PART B: FOR OFFICIAL USE ONLY

i. COD's (Hosting the Programme) recommendation: Request Approved /Not Approved _____

Signature _____ Date & Stamp _____

ii. COD's (Servicing the Programme) recommendation: Request Approved /Not Approved _____

Signature _____ Date & Stamp _____

iii. Dean's recommendation: Request Approved /Not Approved _____

Signature: _____ Date & Stamp: _____

iv. Registrar (A&SA).

Request Approved /Not Approved

Name _____ Signature _____ Date & Stamp _____

CC. - Chair of Department

- Dean of School
- Dean of Students
- Students Finance
- **Student's File**