

**OFFICE OF THE REGISTRAR (A&SA)****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:

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**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 recommendation:** Request Approved /Not Approved \_\_\_\_\_

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Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

- ii. **Dean's recommendation:** Request Approved /Not Approved \_\_\_\_\_

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Signature: \_\_\_\_\_ Date & Stamp: \_\_\_\_\_

- iii. **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