



MACHAKOS UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)
Supplementary /Special Examination Application Form

School..... Year of Study.....

NOTE: Ensure that you indicate all supplementary/special examinations you would like to register.

Student Details

Name.....**Registration Number**.....

Indicate { SUPPLEMENTARY (SP)
OR
SPECIAL EXAM (SE)

S/NO	Units/ Codes							Title	SP OR SE	
<i>E.G</i>	<i>E</i>	<i>F</i>	<i>N</i>	<i>3</i>	<i>0</i>	<i>2</i>	<i>PHILOSOPHY OF EDUCATION</i>	<i>SP</i>	<i>-</i>	
1										
2										
3										
4										
5										
6										
7										
8										

Sign: Student.....DATE.....

Sign: C.O.D.....DATE.....

Sign: Dean of school.....DATE.....

Sign: Finance.....DATE.....

Sign: Registrar (ASA).....DATE.....

