



Machakos University

MARKS QUERY FORM

Guidelines

The form should be filled in duplicate

Processing of the form will take a maximum of seven (7) days

Name: _____ Registration No: _____

Department: _____ Date: _____ Tel: _____

	Unit Code	Unit Title	Academic year	Semester/ Session	Unit Lecturer	Nature of query
1						
2						
3						
4						

Action(s)

Signed: _____

Name: _____ Date: _____

CHAIRMAN OF DEPARTMENT

Signed: _____

Name: _____ Date: _____

DEAN OF SCHOOL