



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 F N 3 0 2</i> | <i>PHILOSOPHY OF EDUCATION</i> | <i>SP</i> | <i>-</i> |
| 1 | | | | |
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| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

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

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

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

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

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

