



# UNIVERSITY OF NAIROBI FACULTY OF ARTS

## REQUEST FOR SPECIAL EXAMINATION FORM

### 1. STUDENTS DETAILS

DATE \_\_\_\_\_

Reg. No: \_\_\_\_\_ Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ UON email: \_\_\_\_\_

Department \_\_\_\_\_

### 2. EXAMINATION DETAILS

#### a. Examination Details

Course Code & Course Title	Semester Unit was Registered eg (May-Aug. 2008)	Course Work Done/ Not Done	Lecturer Name

#### b. Coursework Details

Course Code & Course Title	Semester coursework was done e.g. (May - August 2008)	Coursework Lecturers Name

#### c. Indicate reason for applying for the special examination

\_\_\_\_\_

### 3. APPROVALS

Course Lecturer

Approved

Not approved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval by Chairman

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by Dean

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date