



# UNIVERSITY OF NAIROBI

## FACULTY OF ARTS

### REQUEST FOR SPECIAL EXAMINATION

DATE \_\_\_\_\_

#### 1. STUDENTS DETAILS

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

UON email: \_\_\_\_\_ Mode of study: *module II day or evening* \_\_\_\_\_

#### 2. SPECIAL EXAM REQUEST

##### a) Examination Details

	Course Code & Course Title	Semester Unit was Registered (May-Aug 2008)	Lecturer Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			

##### b) Coursework Details

	Course Code & Course Title	Semester coursework was done e.g. (May – August 2008)	Coursework Lecturers Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			

#### 3. REASON FOR REQUESTING FOR SPECIAL EXAMINATION

a) Indicate reason \_\_\_\_\_

b) Indicate the evidence attached \_\_\_\_\_

**If network related, please give the following details: -**

County \_\_\_\_\_ Sub county \_\_\_\_\_ Location/area \_\_\_\_\_ Nearest Telcom shop \_\_\_\_\_

**FOR OFFICIAL USE:****1. CONFIRMATION OF STUDENTS DETAILS BY REGISTRAR FOA**

Confirm if details given above are correct –

Correct ☐ Not Correct ☐ Any comments \_\_\_\_\_**2. IF REASON IS NETWORK RELATED, CONFIRMATION BY CEC OFFICE**Network available in the area ☐ Network not available in the area ☐ Any other comment \_\_\_\_\_**3. CHAIRMAN – Department of \_\_\_\_\_**

Forwarded to lecturer: - Name \_\_\_\_\_ Date \_\_\_\_\_

**4. LECTURER COMMENT: -**

	Class attendance		Coursework Available		Approval to take special exam		Any comment
Lecturer 1	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	
Lecturer 2	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	
Lecturer 3	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	
Lecturer 4	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	

**5. CHAIRMANS FINAL COMMENT**Approved ☐ Not Approved ☐ Any other comment \_\_\_\_\_Date forwarded to Dean \_\_\_\_\_ Hardcopy ☐ Email (deanarts@uonbi.ac.ke) ☐**6. DEANS APPROVAL**Approved ☒ Not Approved ☐ Any other comment \_\_\_\_\_

Dean \_\_\_\_\_

Date 7-8-2020

Send form to [dean-arts@uonbi.ac.ke](mailto:dean-arts@uonbi.ac.ke)