



UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
FACULTY OF ARTS

REQUEST FOR SUPPLEMENTARY FORM – (For graduating students only)

1. STUDENTS DETAILS

DATE _____

Reg. No: _____ Name: _____ Mobile: _____

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

2. SUPPLEMENTAY EXAM

| S.NO | Course code | Course title | Semester first attempt/supplement ary was done e.g. (May-Aug 2008) | No. of times supplement ary was done | Is the Supplementar y registered in the current semester – yes or no |
|------|-------------|--------------|--|--------------------------------------|--|
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FOR OFICIAL USE ONLY:-

1. CONFIMATION OF STUDENTS DETAILS BY REGISTRAR FOA

Confirm if details given above are correct –

Correct ☐ Not correct ☐ any comments _____

2. DEANS APPROVAL

Approved ☐ Not approved ☐ any comments _____

Dean _____

Date **11th September 2020** NB -

Please fill one form for every unit

Send form to dean-arts@uonbi.ac.ke

