



**THE CO-OPERATIVE UNIVERSITY OF KENYA
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

UNIVERSITY EXAMINATION REQUEST FORM

A. STUDENT'S DETAILS

DATE: _____

NAME: _____ TEL NO: _____

REG.NO: _____ YEAR OF STUDY: _____ SEMESTER: _____

PROGRAMME OF STUDY: _____

SCHOOL/DIRECTORATE/CAMPUS: _____

Examination type: Special Supplementary Repeat

If Special Examination, indicate in the space provided below the reason for your request:

NOTE: Copies of any documents to support your reason(s) **MUST** be attached to this form.

Indicate in the space provided below the Unit(s) for which you are requesting the examination.

S.No	Unit Code	Unit Title

Student's signature:

Date:

For Official Use Only

i) Payment for Supplementary and Repeat Examination Fees (Finance Clearance)

Name of Officer..... Signature and Stamp Date

ii) Examination Co-ordinator: Approved Not Approved

If not approved, Reason:

.....
Name Signature Date

iii) Chairman of Department: Approved Not Approved

If not approved, Reason:

.....
Name Signature Date



CUK is ISO 9001: 2015 Certified
Issue Date: October 2014