

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	Document: Form	Ref No.: TUM/Form/RAA/042	
	Title: SPECIAL/SUPPLEMENTARY EXAMINATION REGISTRATION		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 1	Date: 15th July 2021

(To be filled in Triplicate)

**SECTION A (TO BE FILLED BY THE STUDENT)**

**Part 1:**

**Student Personal Details:**

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

Course: \_\_\_\_\_ Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Department: \_\_\_\_\_ Faculty: \_\_\_\_\_

**Part 2:**

Supplementary Exams  Special Exams

Reason: \_\_\_\_\_ (Attach Evidence)

S/N	Unit Code	Unit Name

**SECTION B (OFFICIAL USE)**

**Part 1:**

**COD's Verification**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_

**Part 2:**

**Finance Office (Approval)**

Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_

**Part 3:**

**Registrar A.A (Examination Office) (For Filing Purposes)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_

*Cc: Chairperson of Department, Finance Office, Students Registry*

