

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
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	Title: EXAMINATION SUBMISSION		
	Department: REGISTRAR ACADEMIC AFFAIRS		
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**DEPARTMENT:** \_\_\_\_\_ **REGULAR/SUPPLEMENTARY/SPECIAL**

S/N	Unit Code	Unit Name	No. of Candidates	Setter	Moderator(S)	PP1	PP2	Common Paper Yes/No (If Yes Indicate Classes)	Examination Date
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**Submitted By:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

