

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/042	
	Title: SPECIAL/SUPPLEMENTARY EXAMINATION REGISTRATION		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

(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

Receipt No: _____ Amount Paid: _____ Balance: _____

Name: _____ Signature: _____ Date/Stamp: _____

Part 3:

Registrar A.A (Examination Office)

Name: _____ Signature: _____ Date/Stamp: _____

Cc: Chairperson of Department, Finance Office, Students Registry

