



# Kaimosi Friends University College (KAFUCO)

(A Constituent College of Masinde Muliro University of Science and Technology)

## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

### SUPPLEMENTARY EXAMINATION REGISTRATION FORM

Name:..... Registration Number: .....

Academic Year: ..... Semester: ..... Telephone No.....

(Please indicate in the space provided below the course and titles of Supplementary exams applied for and pay Ksh.1, 000 per course to the finance office).

S/N.	Course Code	Course Title

#### Reasons/circumstances for requesting examination

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#### **Chairperson of Department**

Name:.....Signature & Stamp:..... Date: .....

#### **Dean of Faculty**

Name:.....Signature & Stamp:..... Date: .....

#### **Finance Office**

Name:.....Amount Paid.....Signature & Stamp:..... Date: .....

#### **Registrar (AA)**

Name:.....Signature & Stamp:..... Date: .....