



MURANG'A UNIVERSITY OF TECHNOLOGY
OFFICE OF REGISTRAR (ACADEMIC, RESEARCH AND STUDENT AFFAIRS)
SPECIAL/RESIT/RETAKE EXAM REGISTRATION FORM

1. For which Examination do you wish to register for?

Examination	
Special Exam	
Resit Exam	
Retake Exam	

2. Examination Period

Month	Year
December	
April	
August	

3. Personal Details

Student Name	
Student Registration Number	
Cell phone	
Email	

4. Units to be written

S/no	Unit Code	Unit Title

DECLARATION BY STUDENT: I agree to abide by the rules and procedures governing Murang'a University of Technology examinations. I understand that I must take my identity document and with me to write my examination and that I have 14 consecutive days from the Examination Registration Closing Date to follow up on my examination registration status. I also declare that I have successfully completed the compulsory assignments for the above subject(s).

Signature of student

Date

Recommended By: _____ Sign: _____ Date: _____

CoD (Name)

Approved By: _____ Sign: _____ Date: _____

Dean (Name)

Confirmation of Payment:

Amount Paid: _____ Signature & Stamp: _____



MUT IS ISO 9001: 2015 & ISO/IEC 27001:2013 CERTIFIED

