



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
EXAMINATIONS OFFICE
EXAMINATION REGISTRATION FORM (SPECIAL)

Name: MARION MBOGA Registration Number: BSM/8/01-01382/2019
Academic Year: 2 Semester: 1 & 2 Telephone No: 0745346215

Please indicate the course codes and titles of the exams requested in the spaces provided below:

S/NO	Course Code	Course Title
1	JMC210	Public relations Practices - sem 1
2	JMC210	Communication in adv. & Pub adm - sem 2
3	JMC210	Principles of communication in English - sem 2
4		
5		
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7		
8		
9		
10		

Reasons for special examination (Please attach the necessary supporting documents)

- ☒ Illness
☐ Family Emergency
☐ Insufficient study time
☐ Others (if other, please provide details)

Chairperson of Department
Name: Im Daka

Signature & Stamp: [Signature]

Dean of Faculty
Name: J. Bansi

Signature & Stamp: [Signature]

Registrar (AA)

Signature: _____ Date: 10/9/20
NOTE: - Student tuition must be paid for the year in which the exam is being written.
- Registration MUST be done within the first three weeks of the semester.