



MACHAKOS UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)
Supplementary /Special Examination Application Form

School..... Year of Study.....

NOTE: Ensure that you indicate all supplementary/special examinations you would like to register.

Student Details

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

Indicate { SUPPLEMENTARY (SP)
OR
SPECIAL EXAM (SE) }

S/NO	Units/ Codes						Title	SP OR SE	
E.G	E	F	N	3	0	2	PHILOSOPHY OF EDUCATION	SP	-
1									
2									
3									
4									
5									
6									
7									
8									

Sign: Student..... DATE.....

Sign: C.O.D..... DATE.....

Sign: Dean of school..... DATE.....

Sign: Finance..... DATE.....

Sign: Registrar (ASA)..... DATE.....



ISO 9001: 2015 Certified..... Soaring Heights in Transforming Industry and Economy