

LINK TRAINING COLLEGE

SPECIAL EXAM REQUEST FORM

To be completed by students seeking permission to sit for a special examination.

SECTION A: STUDENT DETAILS

- Full Name: _____
- Admission Number: _____
- Course Enrolled: _____
- Department: _____
- Year of Study (e.g., Year 2, Trimester 1): _____
- Phone Number: _____
- Email Address: _____

SECTION B: EXAMINATION DETAILS

- Unit(s) Missed:
 1. _____
 2. _____
 3. _____
- Date(s) of Missed Exam(s):

-
- Lecturer(s) Responsible:

-
- Trimester/Semester: _____
 - Academic Year: _____

SECTION C: REASON FOR MISSING EXAM(S)

(Tick appropriate reason and explain briefly)

- ☐ Medical
- ☐ Bereavement
- ☐ Official Duty
- ☐ Personal Emergency
- ☐ Other (specify): _____

Explanation:

SECTION D: ATTACHMENTS

(Attach supporting documents)

- ☐ Medical Report
- ☐ Official Letter
- ☐ Death Certificate
- ☐ Travel Documentation
- ☐ Other: _____

SECTION E: DECLARATION BY STUDENT

I hereby declare that the information provided is true and accurate. I understand that approval of this request is subject to verification and college policy.

Signature: _____

Date: // _____

SECTION F: FOR OFFICIAL USE ONLY

Course Lecturer's Recommendation:

☐ Approved ☐ Not Approved

Comments: _____

Name: _____ Signature: _____ Date: // _____

Head of Department (HoD) Recommendation:

☐ Approved ☐ Not Approved

Comments: _____

Name: _____ Signature: _____ Date: // _____

Examinations Officer / Registrar Approval:

☐ Approved ☐ Not Approved

Comments: _____

Name: _____ Signature: _____ Date: // _____

Student Notified On: // _____

By (Name & Signature): _____
