



KENYATTA UNIVERSITY  
OFFICE OF THE REGISTRAR (ACADEMIC)

**SUPPLEMENTARY EXAMINATIONS REQUEST FORM**

*(To be filled in Triplicate – Copy to Registrar, School and Student)*

**STUDENT DETAILS**

Name \_\_\_\_\_ Admission No \_\_\_\_\_

School \_\_\_\_\_ Department \_\_\_\_\_

Course \_\_\_\_\_

**UNITS TO BE EXAMINED**

Unit Code	Unit Title	Semester (First Attempted)	Academic Year

**APPROVED BY**

**Department**– *(Confirm student's eligibility to sit exams for listed units)*

Chairman (Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_

**FinanceSection**– *(Confirm full fee payment)*

Finance Officer (Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_

**Office of Registrar (Academic)**– *(Approved for Registration)*

Section Head (Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_