



**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
EXAMINATIONS OFFICE**

EXAMINATION TIMETABLE CONFLICTS RESOLUTION FORM

Name: **Registration Number:**

Academic Year: **Semester:** **Telephone No:**

Please indicate the courses conflicting in the exams timetable in the spaces provided below;

S/NO	Course Code	Course Title	Exam Venue
1.			
2.			
3.			
4.			
5.			
6.			

Chairperson of Department

Name:..... Signature & Stamp..... Date:.....

Dean of Faculty

Name:..... Signature & Stamp..... Date:.....

Director of Timetabling

Signature:.....

Date:.....

Registrar (AA)

Signature:.....

Date:.....

NOTE: This form must be filled before the final examination timetable is released