



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

**Name:** ..... **Registration Number:** .....

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

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

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

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 .....  
 .....

***Chairperson of Department***

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

***Dean of Faculty***

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

***Registrar (AA)***

Signature:..... Date:.....

**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