



**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**EXAMINATIONS OFFICE**

**EXAMS REGISTRATION FORM (SUPPLEMENTARY)**

**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		

Amount paid: Ksh ..... (in words).....

..... (Kindly attach copie(s) of receipt(s) of payment)

***Chairperson of Department***

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

***Dean of Faculty***

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

***Registrar (AA)***

Signature:.....

Date:.....

**NOTE:** Fees charged:- Undergraduate - Ksh. 300/= per paper  
 Diploma - Ksh. 300/= per paper  
 Postgraduate - Ksh. 875/= per paper