



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

**APPLICATION FOR REMARKING**

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

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

Please indicate below the course codes and titles of examinations for which remarking is requested

S/NO.	Course Code	Course Title
1		
2		
3		

Reasons for appeal for remarking

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**Chairperson of Department**

Comments

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

**Dean of Faculty**

Comments

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

**Registrar (AA)**

Signature:.....

Date:.....

- NOTE:** - Request for remarking must be done within a month after senate confirming the results
- A candidate who requests for a remark shall pay a non-refundable fee of ksh. 750 per paper