

APPLICATION FOR SPECIAL EXAMINATION OF TERTIARY LEVEL PROGRAMMES

Surname:

Names:

Student number:.....

Postal Address:.....

Cellphone number:.....

Email address:

Year of Examination:

Examination Centre:

Reason for special examination: **(Please attach proof)**

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I wish to apply for special examination in the following programme:

Please tick the relevant box

CECD DECPPE DED CED CWCY CLGS DYD CBE BAYD

CODE OF THE COURSE	NAME OF THE COURSE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

.....
 Student's signature

.....
 Date