	ZETECH UNIVERSITY	EXAMINATION OFFICE	
TITLE	SPECIAL EXAMINATION FORM	Reference	F-25-09
		Issue/Rev	2/1

A copy of your completed application should be made available to the Head of department and the Examination Office.

Student Name..... Phone No

Admission Number..... Name of the Course.....

Year of study Semester

Reason for application [tick]

Medical *Compassionate* *Disability*



Note 1: Applications made on medical grounds must be accompanied by a medical report issued by an hospital

Note 2: Compassionate (Bereavement/maternity/work) attach evidence.

Note3: Application for Special Examination shall be done at least one week before commencement of exams.


Note 4: Special Examination shall be granted to students who have met the requirement of 75% class attendance and has complete/full coursework marks.

Note 5: Special Examination charge is Kes. 500 per paper.

Note 6: Failure to sit for a Special Examination when next offered shall result in Supplementary Examination.

Unit (s)for Special Examination Consideration Table 1

S/ N	Unit Code	Unit Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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Applicants Signature: Date:

Administrative use only

Approved by: Head of Department

Name _____ Signature _____ Date: _____

