



MOI UNIVERSITY

SCHOOL OF BIOLOGICAL & PHYSICAL SCIENCES

STUDENT APPLICATION FORM FOR SPECIAL/SUPPLEMENTARY EXAMINATIONS

NAME OF STUDENT.....REG. NO.:.....TEL.

NO.:.....

Request to sit for special/supplementary examinations in the month of.....2019 in the following courses;

S.NO.	COURSE CODE	COURSE TITLE	SPECIAL OR SUPPLEMENTARY EXAM	HEAD OF DEPARTMENT SIGNATURE	SIGNATURE OF INVIGILATOR
1.					
2.					
3.					
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10.					

MOI UNIVERSITY  
 DEAN  
 SCHOOL OF BIOLOGICAL & PHYSICAL SCIENCES  
 07 0000 2019  
 PROF. AMBROSE K. KIPROP  
 DEAN, SCHOOL OF BIOLOGICAL AND PHYSICAL SCIENCES  
 P.O. BOX 1000

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