



GaU F-ASA-011-SSEF

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GARISSA UNIVERSITY
OFFICE OF THE REGISTRAR
ACADEMIC & STUDENTS' AFFAIRS

P. O. Box 1801-70100,
Garissa, KENYA
admissions@gau.ac.ke

REQUEST FOR SPECIAL/SUPPLEMENTARY EXAMS FORM
(Fill the form in quadruple)

1. Personal Information (in Capital Letters)

2. Name (KCSE) _____ Gender _____ Reg. No. _____

3. Mobile No. _____ County _____

4. Department _____ Programme (eg. BBM) _____ Year of Study _____ Semester _____

5. Mode of Study (√Tick as appropriate); Regular GSSP [] Part time/Weekends [] Regular PSSP []

6. Part I: EXAMINATIONS Courses

I hereby apply to be allowed to sit for the following missed exams:

COURSE CODES	COURSE TITLES	State if Special or Supplementary

Student's Signature _____ National ID _____ Date _____

7. Head of Faculty/School/Department

Recommended/Not Recommended:-----

Name of Verifying Officer _____ Sign _____ Stamp&Date _____

8. Registrar-Academic & Students Affairs

The student has been granted permission/Not granted-----

Name _____ Sign _____ Stamp&Date _____

9. Important: Distribute the copies to the following Offices:

A). Students' Finance C). Dean of School D). Registrar ASA

Garissa University wishes you blessings in all your future endeavors.