



# GARISSA UNIVERSITY

## OFFICE OF THE REGISTRAR ACADEMIC & STUDENTS' AFFAIRS

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### MARKS TRACKING FORM

#### General Detail

Name..... Reg No.....  
Contact.....Mode of Study.....Programme.....  
Department.....School.....

#### Details of Marks to follow up.

S/N	Unit Code	Course Title	Lecturer	Date of the Exam
1.				
2.				
3.				
4.				
5.				
6.				

**Note:** Attach evidence of financial clearance by finance department and a copy of signed exam card(s).

#### Student Declaration

I confirm that the information I have given above is true to the best of my knowledge.

Signature ----- Date-----

#### FOR OFFICIAL USE ONLY

Approval (if the reason is fully supported with documentation)

Name.....Sign.....Date.....

#### HEAD OF DEPARTMENT

Name.....Sign.....Date.....

#### DEAN OF THE SCHOOL