JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
MOMBASA CBD CAMPUS

STUDENT EXAM RESULTS STATUS FORM

PART A: Student’s Details

(To be filled by a student whose registration number is missing in Provisional Results List)

Registration Number: …………………………… Date: ……………………………

Student’s Full Official Names: ……………………………………………………………

Course: …………………………… Year of Study……………… Semester……

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PART B: Results Status:

(To be filled by Examinations Office)

Student’s Examinations Results Status Summary:

……………………………………………………………………………………………………

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Details

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<tr>
<th>UNIT CODE</th>
<th>UNIT TITLE</th>
<th>LECTURER</th>
<th>REMARKS</th>
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General Comments/Recommendations by Examinations Officer:

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Signature………………………… Date: ……………………………