

	<b>JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY</b>	
	Document: Form	Ref No.: JKU/7/AR/008
	Title: SPECIAL/SUPPLEMENTARY EXAMINATION REGISTRATION	
	Department: MOMBASA CAMPUS	
	Issue No. 1	Revision No. 0

(To be filled in Duplicate)

**SECTION A (TO BE FILLED BY THE STUDENT)**

**Part 1:**

**Student Personal Details:**

Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Course: \_\_\_\_\_ Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2:**

Supplementary Exams  Special Exams

Reason: \_\_\_\_\_

S/N	Unit Code	Unit Name	Units when registered in the System e.g Jan- April 2020

**SECTION B (OFFICIAL USE)**

**Part 1:**

**COD's /ERP Verification (Special Exams)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_

**Part 2:**

**Finance Office (Approval)**

Semester fee cleared: \_\_\_\_\_ No. of Supplementaries paid for / invoiced: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_

**Part 3:**

**Registrar's Office (Approval)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_