

TAITA TAVETA UNIVERSITY
APPLICATION FOR SPECIAL UNIVERSITY EXAMINATIONS

This form will be completed in Triplicate, and submitted to the office of the school Dean. The Original will be forwarded to the Registrar (ARO), the Duplicate to the chairman of department, and the Triplicate will be retained by the Dean of School. The application will not automatically entitle the applicant approval.

PART I: APPLICANTS DETAILS

1. Name: _____
 Reg.No: _____ Course: _____
 Academic Year: _____ School: _____ Department: _____
 Year of study: _____ Specials for Semester: _____
2. (a) Do you have other pending approved specials? Yes No
 If Yes, How many? For which Year and Semester; _____

(b) **UNITS:**

S/NO:	UNIT CODE	UNIT TITLE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

- (c) Reason(s) (i) Financial (*show fees balance*) (ii) Medical
 (iii) Compassionate (Maternity, Bearevement etc.)
 (iv) Other reasons

Applicants Signature: _____ Date: _____

PART II: CHAIRMAN OF DEPARTMENT:

Remarks: Recommended/Not Recommended: _____

If Not recommended, explain why: _____

Signature: _____ Date: _____ Stamp _____

PART III: DEAN OF SCHOOL:

Remarks: Recommended/Not Recommended: _____

If Not recommended, explain why: _____

Signature: _____ Date: _____ Stamp _____

PART IV: REGISTRAR (ARO)

Remarks: Approved/Not Approved: _____

Signature: _____ Date: _____ Stamp _____



TTU is ISO 9001:2008 Certified

Home of Ideas

J 22/5/2017

