



**MURANG'A UNIVERSITY OF TECHNOLOGY  
OFFICE OF REGISTRAR- ACADEMIC AND STUDENT AFFAIRS**

**SPECIAL/RESIT/RETAKE EXAM**

1. For which Examination do you Wish to register for?

Examination	
Special Exam	
Resit Exam	
Retake Exam	

1. Examination Period

2. Personal Details

Student Name	
Student Registration Number	
Cell phone	
Email	

3. Units to be written

s/no	Unit Code	Unit Title

**DECLARATION BY STUDENT:** I agree to abide by the rules and procedures governing Murang'a University of Technology examinations. I understand that I must take my identity document with me to write my examination and that I have 14 consecutive days from the Examination Registration Closing Date to follow up on my examination registration status. I also declare that I have successfully completed the compulsory assignments for the above subject(s).

Student signature ----- Date: -----

Recommended by: ----- Sign: ----- Date: -----  
CoD (Name)

Approved by: ----- Sign: ----- Date: -----  
Dean (Name)

**Confirmation of Payment (Finance):**

**REGISTRATION FORM**

Month	Year
December	
April	
August	

