



MURANG'A UNIVERSITY OF TECHNOLOGY
OFFICE OF THE REGISTRAR (ASA)

APPLICATION FOR REMARKING OF UNIVERSITY EXAMINATIONS

This form will be completed in triplicate, and submitted to the office of the Dean of School. The original will be forwarded to the Registrar (ASA), duplicate to the Chairman of Department, and triplicate to be retained by the Dean. This application **WILL NOT** automatically entitle the applicant to a remark. Payment **SHALL ONLY** be made after the application has been approved and NOT before.

*** NOTE: No Remarking request shall be accepted one (1) month after Examinations Results in which a remark is being sought have been released to the candidate.**

NAME REG NO.....

SCHOOL COURSEYEAR OF STUDY.....

PART I:

(a) Unit (s) for which remarking is sought (indicate unit code, title and semester when examined)

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(b) Reason(s) for the application (Extra paper can be used if required)

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Applicant's Signature Date

PART II: CHAIRMAN OF DEPARTMENT: REMARKS:

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Signature Date.....

PART III: DEAN OF SCHOOL

Recommended/Not Recommended (Give Reasons)

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Signature Date

PART IV: REGISTRAR (ASA): REMARKS

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Signature Date

