UNIVERSITY OF EASTERN AFRICA, BARATON
CHARTERED LEGAL NOTICE No. 111, 1991

CHALLENGE EXAMINATION APPLICATION FORM

Fill this form in triplicate and return it to the Registrar.

Department Chairperson's Recommendation

I recommend that this student be allowed to do challenge examination for the indicated course:

STUDENT'S NAME: _____ STUDENT ID NO. _____

_____	_____	_____
COURSE CODE	COURSE TITLE	CREDITS

The basis for recommendation (Attach Evidence)

_____

_____

_____

PLEASE OBTAIN THEN FOLLOWING SIGNATURES TO ENDORSE THE RECOMMENDATION

_____	_____	_____	_____
Instructor	Date	Department Chairperson (Where the course is offered)	Date
_____	_____	_____	_____
School Dean (Where the course is offered)	Date	DVC-Academics	Date

Student's consent to pay examination fee:
I agree to pay the examination and recording fees for this class as per the University policy

_____	_____
Student's Signature/Phone number	Date
_____	_____
Business Office	Date
_____	_____
Registrar's Office	Date

FOR OFFICIAL USE ONLY.

Amount the student is to be charged as fees for the examination Kshs_____

The grade the student scored in the Challenge Examination_____

_____	_____
Instructor's Signature and Date	**Department Chairperson's Signature and Date**
_____	_____
School Dean's Signature and Date	**Registrar's Signature and Date**

One copy (Registrar) One copy (Department) One copy (Student)