

# University of Eastern Africa, Baraton

## OFFICE OF REGISTRAR

### SPECIAL EXAMINATION REQUEST FORM (E GRADE)

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Degree Major: \_\_\_\_\_ Admission Date \_\_\_\_\_

Date of Special Examination \_\_\_\_\_ (DD/MM/YYYY) Class Load (Current Trimester) \_\_\_\_\_

I request to sit the following \_\_\_\_\_ courses for which I registered for, attended classes and fulfilled all the continuous assessment except for the final Examination for which E grades were awarded.

	Course Code	Title	Credits	Registration Trimester	Class Attendance Records	Class Assessment Records	Lecturer Name	Lecturer Signature	Date Signed

**I CERTIFY THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

Student Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

- |                          | Name  | Signature | Date  |
|--------------------------|-------|-----------|-------|
| 1. Chairperson: _____    | _____ | _____     | _____ |
| 2. Student Finance _____ | _____ | _____     | _____ |
| 3. Registrar _____       | _____ | _____     | _____ |

**One copy (Registrar )**

**One copy (Department)**

**One Copy (Course Instructor)**

**One copy (Student)**