



UNIVERSITY OF NAIROBI
FACULTY OF ARTS & SOCIAL SCIENCES
DEPARTMENT OF JOURNALISM & MASS COMMUNICATION
REQUEST FOR SPECIAL EXAMINATION FORM

1. STUDENTS DETAILS

DATE _____

Reg. No: _____ **Name:** _____

Mobile: _____ **UON email:** _____

2. EXAMINATION DETAILS

a. Examination Details

Course Code & Course Title	Semester Unit was Registered eg (May-Aug. 2008)	Course Work Done/ Not Done	Lecturer Name

b. Coursework Details

Course Code & Course Title	Semester coursework was done e.g. (May - August 2008)	Coursework Lecturers Name

c. Indicate reason for applying for the special examination

3. APPROVALS

Course Lecturer

Approved

Not approved

Signature

Date

Approval by Chairman _____
Signature

Date

Approved by Dean _____
Signature

Date