

**UNIVERSITY OF NAIROBI**  
**FACULTY OF ARTS AND SOCIAL SCIENCES**  
**DEPARTMENT OF JOURNALISM & MASS COMMUNICATION**

**BACK REGISTRATION OF UNITS REQUEST FORM**

**FROM:** NAME: \_\_\_\_\_ REG. NO: \_\_\_\_\_

DATE \_\_\_\_\_

**TO:** FINANCE OFFICER: \_\_\_\_\_

**THRO':** CHAIR, DEPARTMENT OF \_\_\_\_\_

SIGNATURE & DATE \_\_\_\_\_

**RE: REQUEST FOR BACK REGISTRATION OF A UNIT**

**PROGRAMME:** \_\_\_\_\_

THIS IS TO REQUEST FOR BACK REGISTRATION OF A UNIT **COURSE CODE:** \_\_\_\_\_

**COURSE TITLE:** \_\_\_\_\_

**SEMESTER** \_\_\_\_\_ (e.g. Jan. – April 2020)

**MODE OF STUDY:** (*Regular or Module II*) \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **UON STUDENT EMAIL ADDRESS:** \_\_\_\_\_

**LECTURER'S NAME** \_\_\_\_\_

**CONFIRMATION BY LECTURER**

COURSEWORK DONE:

YES

NO

EXAM DONE:

YES

NO

Approved by Lecturer: Signature: \_\_\_\_\_ Date: \_\_\_\_\_