



INSTITUTE/FACULTY OF

FORM NO.2. REQUEST FOR SPECIAL EXAM/S

REF: No:

Date:

TO: Deputy Vice Chancellor [Academic]

ufs

Dean [.....]

Ufs

Head of Department

1. Student's Personal Information:

Name:

Reg.

Country:

Male [..] Female [..]

Year/Semester:

Specialisation:

Tel. No:

Signature

2. Absence form the following Exam

1. By [Name of Instructor;

2. By [Name of Instructor;.....]

3. Justification/Reasons for the request:

a) Sickness:

b) Social Grounds:

c) Others:

4. Supporting Documents:

a) Letter

b) Medical Report

c)

d)

5. University Medical Officer or Dean of Students' Report:

.....

.....

Name Signature

6. Head of Dept's Detailed Justification for the Recommendation:

.....

Signature, Date and official stamp

7. Institute Director/Faculty Dean's justification for approval.....

Signature, Date and official stamp

NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM