

# University of Eastern Africa, Baraton

## OFFICE OF REGISTRAR

### Supplementary Exam Form

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Department \_\_\_\_\_ Major: \_\_\_\_\_

Academic Year in which the course was registered: \_\_\_\_\_

I hereby submit my request to sit for a **Supplementary Examination** for the course(s) listed in the table below.

I understand that I am required to pay a **Supplementary Examination fee equivalent to two-thirds (2/3) of the cost per credit** for each course before sitting for the examination. Furthermore, I acknowledge that if I pass the Supplementary Examination, the **highest possible final grade** I can attain for the course will be **C+**.

Code	Title	Cr.	Semester Taken	CAT Marks	Final Exam Marks	Final Grade	Instructor's Details		
							Name	Signature	Date

**I hereby certify that the information provided above is true and correct to the best of my knowledge**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

	Name	Signature	Date
1. Chairperson:	_____	_____	_____
2. Registrar:	_____	_____	_____

One copy (Registrar)

One copy (Department)

One Copy (Course Instructor)

One copy (Student)