## **UNIVERSITY OF IRINGA**



## SPECIAL EXAMINATIONS REQUEST FORM

(To be filled in duplicate)

1.	Personal Information			
	Surname:	First Name	Middle Name	
	Registration No: Examination Number:			
	Year of Study (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> ):	Semester:	Academic Year:	
	Faculty: Department:			
	Programme:Specialty:			
	Mobile No: Email address(s):			
2.	Reasons for Requesting Special I	Examinations (Please tick th	ue appropriate box)	
	Medical Financial	Social	Others	
	Briefly explain (and attach evide	nces)		
	NOTE: No student is allowed to request special examinations if the student is has not paid tuition fees)			
3. <b>Fo</b> . 4.	Courses to be sought for Special Examinations			
	A: All Semester Courses:	B: Some Courses (Pl	lease give course code and cou	rse name)
	B1. Code Name			
	B2. Code Name			
	B3. Code Name	e:		
	(You will be required to show this signed form and your Examination ID during special examinations)			
	Date of Application	• •		•
	Name		ure Date	
5.	Name Signature Date  Recommendations by the Head of Department			
	Name	Signati	ure Date	
	Recommendations by the Dean of Faculty			
	Nome	Cionata	Doto.	
	Name	_	ure Date	
7.	Recommendations by the Director of Postgraduate Studies, Research, and Consultancy (for postgraduate students only)			
	Name	Signati	ure Date_	
8.	Approval by the DVC ARC			
	Name	Signate	ure Date	
	Copy to file			
	Dean Faculty Head of Depar	tment Examination Office	cer Dean of Students SA	AMIS Admin