Office of the Academic Registrar

APPEAL FOR REMARKING OF EXAMINATION SCRIPT(S)

(To be completed in duplicate)

Official Names:………………………………………………………………………… **Registration No**:…………………………………..

                Surname   First   Middle

Mobile Phone Number:………………………………………………………. **Email address:** ……………………………………..

Academic Programme:……

Exam Session: January – April [ ]   May – August [ ]   September – December [ ]   Year:……………….

(A fee of Kshs 1000 will be charged for each examination script to be remarked. Please attach a copy of the receipt and a copy of the transcript reflecting the examination course in question to this application form before handing it in.)

PART B :INDICATE COURSES WHICH YOU WANT TO BE REMARKED

No	Course Code	Course Title	Grade awarded (%) (as reflected on transcript)	Reason for Remarking Appeal
1				
2				
3				
4				
5				
6				

Student's Signature ……………………………   **Date**…………………….…………

PROCESSING BY ACADEMIC REGISTRAR'S OFFICE

I acknowledge receipt of the duly completed form for approval by the University Senate.

_____	_____	_____	_____	_____	_____
Name	Date	Signature & Stamp	Payment Receipt No.	Date approved by Senate	Senate Minute Ref.

Notes: 1. Applications for remarking should be submitted at most one month after Senate approval of exam results.
           2. The grade awarded by the Independent Examiner and approved by the University Senate after remarking is final even if it is lower than the original grade. A new transcript will be issued reflecting this new grade.
           3. Remarking is not applicable to coursework, assessments and internships.
           3. Distribution: Original of this form to be retained by the Academic Registrar for the student file and the copy by the student.