



UNIVERSITY OF EMBU

APPLICATION FOR REMARKING OF EXAMINATIONS FORM

Instructions to applicants:

- i. This form should be completed after payment of the requisite remarking fees.
- ii. The form should be submitted to Chairman of Department with a copy of the remarking payment acknowledgement receipt attached.
- iii. The application does not automatically entitle the applicant to a remark.
- iv. Only duly filled-in forms submitted within 14 days after the release of the Examination results will be eligible for consideration.

PART A: STUDENT'S DETAILS

Name: Reg. No.: Year of Study:

Programme: Mob. No:

Student's Signature: Date:

PART B: Unit(s) for which remarking is sought (Indicate Semester when examined)

Unit Code	Unit Title	Semester	Academic Year

PART C: REASON(S) FOR THE APPLICATION

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For official use only

PART D: RECOMMENDATION BY THE CHAIRMAN OF DEPARTMENT

Recommended Not Recommended (Give Reasons)

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Signature: Date & Stamp:

PART E: RECOMMENDATION BY THE DEAN OF SCHOOL

Recommended Not Recommended (Give Reasons)

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Signature: Date & Stamp:

PART F: APPROVAL BY THE DVC (ARE)

Comments (if any):

Approved Not Approved

Signature: Date & Stamp: