



UNIVERSITY OF EMBU
MARKED EXAMINATION SUBMISSION FORM

Semester:.....Academic Year:.....School:.....

Department.....Name of the Internal Examiner.....

Unit Code & TitleNumber of Scripts

This is to certify that I have provided the following examinations documents for the above course to the Examinations Coordinator.

Signature.....Date

- | | | | |
|--|--------------------------|----------------------------|--------------------------|
| i. Completed Marks sheet | <input type="checkbox"/> | v. Question Paper | <input type="checkbox"/> |
| ii. A Signed list of CAT Marks | <input type="checkbox"/> | vi. Marking Scheme | <input type="checkbox"/> |
| iii. Marks Distribution Graph/
Histogram (if more than 7) | <input type="checkbox"/> | vii. Marked Scripts | <input type="checkbox"/> |
| iv. Course Outline | <input type="checkbox"/> | viii. Exam Attendance List | <input type="checkbox"/> |

I..... (Full name) certify that I have cross checked marks entry and additions for the above course.

Signature.....Date.....

Examination Coordinator.....Date.....

Signature.....Date.....