



**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
EXAMINATIONS OFFICE**

EXAMINATION EXTENUATING CIRCUMSTANCES FORM

Name: **Registration Number:**

Academic Year: **Semester:** **Telephone No:**.....

Please indicate the course codes and titles of the exams deferred in the spaces provided below;

S/NO.	Course Code	Course Title
1		
2		
3		
4		
5		
6		
7		
8		

Reasons/circumstances for deferment of examination (*Please attach the necessary supporting documents*)

- Illness
 Family Emergency
 Insufficient study time
 Others (if other, please provide details)

.....

Chairperson of Department

Name:..... Signature & Stamp: Date:.....

Dean of Students

Name:..... Signature & Stamp:..... Date:.....

Dean of Faculty

Name:..... Signature & Stamp:..... Date:.....

Registrar (AA)

Name:..... Signature & Stamp:..... Date:.....