



MASENO UNIVERSITY
OFFICE OF THE REGISTRAR, ACADEMIC AND STUDENT AFFAIRS

REGISTRATION FOR RESIT (S) EXAMINATION FORM

This form must be filled in duplicate. The candidate must indicate whether he/she is registering for the resits for the 1st, 2nd and 3rd time.

NAME:.....

Surname

Other Names

Registration No.:.....

Faculty/School:.....

Year of Study:.....

Academic Year:.....

Department	Course Code	Course Title	No. Of Times	Approved by Head of Department

Email Address: _____ Mobile No. _____
 Candidate's Signature: _____ Date: _____
 Approved/Not Approved: _____

ACADEMIC AND STUDENT AFFAIRS

NOTE: Resits are charged @ 200/= per paper. Please attach a copy of your receipt for confirmation of payments made.

Copies to: Original - Examination Section

Duplicate – Dean of Faculty/School

MASENO UNIVERSITY

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