

INSTITUTE/FACULTY OF

FORM NO.6 REQUEST FOR FIRST SITTING/SUPPLEMENTARY EXAMS

REF: No: **Date:**

TO: Deputy Vice Chancellor [Academic]

ufs

Dean [.....]

Ufs

Head of Department

1. Student's Personal Information:

Name: Reg.

Country: Male [.] Female [.]

Year/Semester: Specialisation:

Tel. No:

Signature

2. Examinations Expected to be sat for:

1. By [Name of Instructor;
2. By [Name of Instructor;.....]

3. Justification/Reasons for the request:

- | | |
|--------------------|--------------------------|
| a) Sickness: | b) Social Grounds: |
| c) Others: | |

4. Supporting Documents:

- | | |
|-----------|-------------------|
| a) Letter | b) Medical Report |
| c) | d) |

NB:- Applicants for First Sitting on Financial Grounds MUST attach proof of fees clearance

5.University Medical Officer or Dean of Students' Report:

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Name **Signature**

6.Head of Dept's Detailed Justification for the Recommendation:

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Signature, Date and official stamp

7. Institute Director/Faculty Dean's justification for approval.....

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Signature, Date and official stamp

NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM