



**KENYATTA UNIVERSITY  
OFFICE OF THE REGISTRAR (ACADEMIC)**

**AUTHORITY TO SIT FOR EXAMINATIONS FOLLOWING APPROVAL  
FOR INCOMPLETE RESULTS/SPECIAL EXAMS**

*(To be filled in duplicate – Copy to School and Student)*

**STUDENT DETAILS**

Name \_\_\_\_\_ Registration No \_\_\_\_\_

School \_\_\_\_\_

<i>(Please tick as appropriate)</i>	
<b>Special Examination(s)</b>	<b>Incomplete Results</b>

*(Note to Invigilator - Student allowed to sit End of Semester/Special Examinations for the following unit(s) only)*

	Unit Code	Unit Title	Semester/Academic Year Unit Registered
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Signed by - Dean:** *(Upon confirmation of:* (i) Student's registration status  
(ii) CAT Marks uploaded  
(iii) Senate approval

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

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