



ADVENTIST UNIVERSITY OF CENTRAL AFRICA
P. O. BOX 2461, KIGALI, RWANDA

REQUEST FOR SPECIAL EXAM

Student Name: ID No.

Faculty: Department:

Date: Academic Year: Semester: 1 2

Name of Sponsor:

I am applying for Special Exams for the courses listed below – whose exams were done in

Academic Year: Semester: 1 2

The reason for my absence during the scheduled period of exam was:

.....

#	Course Code	Course Title	Credits	Cost (25% of the Course Cost)
1				
2				
3				
4				
5				

Signature of Student:

Signature of Sponsor: Date:

Signature of HOD/Dean: Date:

Signature of Accountant: Date:

Signature of Registrar: Date:

Note:

Please complete four copies of this form for: 1. Accounts Offices 2. Department 3. Registrar 4. Student