



# SPECIAL NEEDS REQUEST DURING EXAMINATION FORM

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

Matric No. : \_\_\_\_\_ Academic Session : \_\_\_\_\_

Mobile Phone No. : \_\_\_\_\_

Faculty : \_\_\_\_\_

Programme : \_\_\_\_\_

Briefly explain the difficulty and suggestions : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\* FORM SHOULD BE SUBMITTED TO FACULTY'S ASSISTANT REGISTRAR BY SECOND WEEK OF LECTURE*

LIST OF FINAL EXAMINATION COURSES					
NO.	COURSE CODE	COURSE NAME	LECTURER	GROUP	EXAMINATION METHOD
1					
2					
3					
4					
5					
6					

**Student's Verification**

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

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

**Faculty Assistant Registrar Acceptance Form Verification**

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

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

FACULTY ACADEMIC BOARD'S APPROVAL				
NO.	COURSE CODE	LECTURER	FACULTY'S DECISION	DATE OF FACULTY ACADEMIC BOARD MEETING
1				
2				
3				
4				
5				
6				

EXAMINATION AND COURSE EVALUATION UNIT			
NO.	COURSE CODE	DECISION	EXAMINATION VENUE
1			
2			
3			
4			
5			
6			