



## KARUME INSTITUTE OF SCIENCE AND TECHNOLOGY

## ZANZIBAR

## APPLICATION FOR SUPPLEMENTARY EXAMINATION

Application for Supplementary Examination must be received at the Office of the Chief Academic Officer within 10 days after officially releasing the examination results. Please read all items on this application carefully.

KIST REGISTRATION NUMBER. \_\_\_\_\_

NAME: \_\_\_\_\_

TEL No.: \_\_\_\_\_

PROGRAMME: \_\_\_\_\_ SEMESTER \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_, NTA LEVEL \_\_\_\_\_

I am applying to write the supplementary exam on the following subjects:-

S/N	MODULE CODE NUMBER:	MODULE NAME:	SUPP/CARRY

I have read and understand the KIST's examinations Regulations and understand that I will not be personally notified if I am not eligible to write a supplementary exam under these regulations

Student signature.....

Date..... /2022

Head of Department

Academic Officer

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