

Application for Students' Appeal – Faculty of Science



NOTE: Duly filled form with Medical Certificate endorsed by the University Medical Officer should be submitted **within 14 days** from the date of the examination.

1.	Title: (Mr/Miss/Mrs)																																																												
	Full Name: (IN BLOCK CAPITALS)																																																												
	2. Reg. No.																																																												
	3. Index No:																																																												
	4. Telephone No:																																																												
	5. Registered Academic Yr						/																																																						
	6. Present Level of Study:	L	E	V	E	L																																																							
	7. Postal Address: (IN BLOCK CAPITALS)																																																												
	8. Category of Appeal <i>(Mark "X" in the appropriate cell)</i>	1	Postponement of studies																																																										
		2	Mercy Chance with valid reason																																																										
		3	Repeating exams under Medical grounds																																																										
		4	Other valid ground (should be described separately)																																																										
9.	Nature of the Appeal: <i>(If a student fail to sit ECE(s) due to Medical reason, he/she should furnish this cage. Any other appeals should be mentioned overleaf)</i>	<p>Proper Exam: ECE Title:.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Course Code</th> <th style="width: 60%;">Title</th> <th style="width: 10%;">T/P</th> <th style="width: 10%;">Date of Exam</th> <th style="width: 10%;">Missed Attempt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Repeat Exam: (First Attempt only) ECE Title:.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Course Code</th> <th style="width: 60%;">Title</th> <th style="width: 10%;">T/P</th> <th style="width: 10%;">Date of Exam</th> <th style="width: 10%;">Missed Attempt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										Course Code	Title	T/P	Date of Exam	Missed Attempt																										Course Code	Title	T/P	Date of Exam	Missed Attempt															
Course Code	Title	T/P	Date of Exam	Missed Attempt																																																									
Course Code	Title	T/P	Date of Exam	Missed Attempt																																																									
	10. Medical Certificate(s) covering Date(s) / period(s):																																																												

- NOTE:** (1) Duly filled form with Medical Certificate endorsed by the University Medical Officer should be submitted **within 14 days from the date of the examination.** Late submission of Medical certificate will not be entertained under any circumstances.
- (2) *If you mark the **Categories (1), (2) & (4)** in **Question No. 8**, your request must be described separately with valid reason, and supporting documents must also be attached.*
- (3) *If a Medical Certificate is not issued by the University Medical Officer, You are requested to get the observation from the University Medical officer.*

.....
Date

.....
Signature of the Student

11.	Observation of the University Medical Officer	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Date signature</p>
12.	Observation of the Assistant Registrar	<p>.....</p> <p>.....</p> <p>.....</p>
13.	** Recommendation of the Dean/Faculty of Science	<p>Recommended to place at the forthcoming faculty board</p> <p>Not Recommended due to the following:</p> <p>.....</p> <p>.....</p>

** *If recommended then place to the SFB
If not recommended then return the application form to the Student with a copy to the HoD(s)*

for office use only