

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 conclusion of the particular semester examinations for which the student was absent on medical grounds.

1.	Title: (Mr/Miss/Mrs/Sis.)																																																														
	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.	If Level 3, mention whether Honours/ General																																																														
8.	Email																																																														
9.	Postal Address: (IN BLOCK CAPITALS)																																																														
10.	Category of Appeal <i>(Mark "X" in the appropriate cell)</i>		1	Postponement of studies																																																											
			2	Repeating exams under Medical grounds																																																											
			3	Other valid ground (should be described separately)																																																											
11.	Nature of the Appeal: <i>(If a student fails to sit ECE(s) due to Medical reason, he/she should furnish this cage. Any other appeals should be mentioned overleaf)</i>	Proper Exam: ECE Title:..... <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Course Code</th> <th style="width: 15%;">T/P</th> <th style="width: 35%;">Date of Exam</th> <th style="width: 20%;">Missed Attempt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Repeat Exam: (First Attempt only) ECE Title:..... <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Course Code</th> <th style="width: 15%;">T/P</th> <th style="width: 35%;">Date of Exam</th> <th style="width: 20%;">Missed Attempt</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>																		Course Code	T/P	Date of Exam	Missed Attempt																									Course Code	T/P	Date of Exam	Missed Attempt												
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