



RUSANGU UNIVERSITY

OFFICE OF THE REGISTRAR – EXAMS

Missing of Exams form

Name: _____ Major: _____

ID NO: _____ Telephone NO: _____

Semester/Session _____

Courses in which exam were missed:

1. _____ Lecturer: _____

2. _____ Lecturer: _____

3. _____ Lecturer: _____

4. _____ Lecturer: _____

5. _____ Lecturer: _____

6. _____ Lecturer: _____

7. _____ Lecturer: _____

Reason(s) for missing the exams _____

Attach any official documents to support reasons given

DOSAs Name _____ Signature _____ Date _____

Lecturer/HOD _____ Signature _____ Date _____

Dean's Name _____ Signature _____ Date _____

Registrar's office _____ Signature _____ Date _____

Note: The Exams office may decline the request to take the exams where evidence for missing is not adequate-

It is the student's responsibility to make sure he/she takes the exam at the scheduled time.

If taking of exams is allowed, it is usually within 2 weeks of the next semester for full time session and within the first 2 days of the next session for block release

Student Signature _____ Date: _____