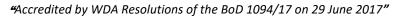
## **MUHABURA INTEGRATED POLYTECHNIC COLLEGE**

Website: <u>www.mipc.ac.rw</u> E-mail: <u>info@mipc.ac.rw</u>

P.O. Box: 26 Musanze – Rwanda

Tel: +250788687033





## MISSED EXAM/CAT DECLARATION FORM

Name of the student:		
Registration number:	Faculty:	Department:
Level/Year:Academic Year:		
Option (if applicable):		
Module / Unit:		-
Lecturer's names:		-
Date of the missed assessment: CAT Date of declaration:		
Reason:		
Signature:		<del></del>
Received by: Examination Officer		
Name Date Sign:		
Approval by the Department		
Names: Date	Sign:	
<b>N.B:</b> 1. Student to attach the justification	of absence	
2. Student to submit a copy to the Examir	nation Officer and reta	in a copy
3. Form to be submitted 24 hours before	exam/CAT or 48 hours	after the exam/CAT
Decision from the Department		
Allowed Not allowed		
Comments:		
Name and Signature of the Head of Depar	rtment	