



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 Final Exam

Date of declaration: -----

Reason: -----

Signature: -----

Received by: Examination Officer

Name Date Sign: -----

Approval by the Department

Names: ----- Date: ----- Sign: -----

N.B: 1. Student to attach the justification of absence

2. Student to submit a copy to the Examination Officer and retain 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 Department