



EXAMINATION/CONTINUOUS ASSESSMENT VERIFICATION FORM

1. STUDENT'S DETAILS

Student No. :..... Student Name :.....

Course Code :..... Course Name :.....

Programme :..... Division: MSD BSD LSD

Mode of Study : Full Time Part Time Distance Learning
(Tick where applicable)

Nature of complaint :.....

Contact Number :.....

-----For Official Use Only-----

2. COURSE LECTURER'S DETAILS

Full Names :.....

NRC :.....

Mode of Study Taught : Full Time Part Time Distance Learning
(Tick where applicable)

CA Mark:..... Exam Mark:.....

Justification for Verification:.....

3. COURSE DIRECTOR

Comment :.....

Name :..... Sign :..... Date :.....

4. DIVISION HEAD/DIRECTOR

Director's Remarks:.....

Sign:..... Date:

5. EXECUTIVE DIRECTOR

Comment : **APPROVED** **NOT APPROVED**

Sign : Official Date Stamp:

6. DEPUTY REGISTRAR-ACCADEMIC AFFAIRS

Comment:.....

Sign:..... Date: