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CLEARANCE TO TAKE SUPPLEMENTARY/SPECIAL EXAMINATIONS

NAME		ADM No			
SUPPLE	MENTARY EXAMS	;			
S/N	CODE	TITLE		Invigilator's Sign	
SPECIAI	L EXAMS				
S/N	CODE	TITLE	REASON	Invigilator's Sign	
CTI IDENI	T'C CICNI		DATE	1	
STUDEN	1 5 SIGN:		DATE		
FINANCE	FOFFICER: SIGN		DATE & STAMP		
DEAN OF	SCHOOL: SIGN		DATE		