



GREAT LAKES UNIVERSITY OF KISUMU
OFFICE OF THE REGISTRAR, ACADEMICS

APPLICATION FOR REMARKING

Names: **Reg. No.:**

Course: **School/Faculty:**

Year of Study: **Semester:**

Academic Year: **Date:**

S/NO.	Course Code	Course Title

Reasons for remarking

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Head of Department

Comments

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Name: **Signature:** **Date:**

Dean of School/Faculty

Comments

.....

Name: **Signature:** **Date:**

Registrar, Academics

Signature:

Date:

NOTE: Request must be done within one month after Senate approval of Examination Results.

Non -refundable fee of Ksh. 1000 per paper