



DEFERRED EXAMINATION APPLICATION FORM

1.0 INTRODUCTION:

A deferred examination is taken later than originally scheduled to ensure fairness due to extenuating circumstances. Refer to the Deferred Examination Policy for details.

APPLICATION PROCESS

2.0 CANDIDATE'S DETAILS:

Personal Information:

Full Name: Student Number:
NRC/Passport No.: Mode of study (FT/PT/ODL):.....
School:..... Year of Study:
Study Programme: Phone Number:
Email address:

3.0 EXAMINATION DETAILS:

Course Code: Course Name:
CA Grade: Name of Lecturer:.....
Original Examination Date:
Original Examination Time:

4.0 REASON FOR DEFERRAL

Please tick where applicable and provide a brief detail of the extenuating circumstances that prevented you from taking the scheduled examination.

Tick Applicable

- | | | |
|-----|--|--------------------------|
| 4.1 | Medical Conditions: Severe illness/injury with medical documentation. | <input type="checkbox"/> |
| 4.2 | Bereavement: Death of an immediate family member with supporting documents. | <input type="checkbox"/> |
| 4.3 | Emergencies: Unforeseen events with official documentation (e.g., police report). | <input type="checkbox"/> |
| 4.4 | University-Sanctioned Events: Mandatory participation with university documentation. | <input type="checkbox"/> |

.....
.....
[Attach any supporting documentation as outlined in the Deferred Examination Policy (e.g., medical certificate, death certificate, official documentation for university-sanctioned events etc.)].

5.0 DECLARATION:

I hereby declare that the information provided above is accurate to the best of my knowledge. I understand that providing false or misleading information may result in disciplinary action. I have read and understood the Kwame Nkrumah University Deferred Examination Policy.

Signature: Date:

-----FOR OFFICIAL USE ONLY-----

6.0 COORDINATOR/ASSISTANT REGISTRAR:



KWAME NKRUMAH UNIVERSITY
Deferred Examination Application Form I
2024

Name:
Application Received Date:

Application Received Date:
Comments:.....
.....

Name: Sign: Date/Stamp:

7.0 HEAD OF DEPARTMENT

Name: Sign: Date/Stamp:

Verified Continuous Assessment (CA) Grade:
Verified Class Attendance Percentage:

Recommend Eligibility: YES ☐ NO ☐

8.0 SCHOOL DEAN

APPROVED ☐ NOT APPROVED ☐

Any Additional Comments:
.....
.....

Name: Sign: Date/Stamp:

10.0 DEPUTY REGISTRAR ACADEMIC

Action To Taken:

Deferred Examination Date:
Deferred Examination Time:
Deferred Examination Location:

Name: Sign: Date/Stamp:
