

	TECHNICAL UNIVERSITY OF MOMBASA		
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	Title: CONTINUOUS ASSESSMENT ATTENDANCE MARKSHEET		
	Department: REGISTRAR ACADEMIC AFFAIRS		
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Department:..... Unit Code:..... Year/Semester:.....

Lecturer:..... Unit Name:.....

Name of Continuous Assessment:..... Marks out of:.....

S/NO	REG. NO.	FULL NAMES	SIGNATURE	MARKS
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Lecturer's Signature
Date
Chairman's Signature
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