

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/005	
	Title: EXAMINERS RECORD		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

(To be completed in Duplicate)
 (Original – Examinations Officer)
 (Duplicate – Chairman of Department)

A. EXAM DETAILS

1. Department: _____
2. Unit Code: _____ Unit Name: _____
3. Exam Date: _____ Start: _____ Stop: _____
4. Year of study: _____ Semester: _____ Room: _____
5. No. of candidates: Registered: _____ Present: _____ Absent: _____

B. EXAM REPORT

GROUP IRREGULARITIES Describe group irregularities below (mistiming, possible exam item error etc) Attached list of examinee's involved.	INDIVIDUAL EXAMINEE IRREGULARITIES (Tick problem below)- Attach extra paper if space provided is not enough	
	Examinee's Name:	
	Registration No:	
	Defective material	Remarks
	Late arrival	
	Illness	
	Mistiming	
	Cheating	
	Other (explain)	

Name of Invigilator(s): 1 _____ Signature: _____
 2 _____ Signature: _____

Name of Internal/Chief Examiner(s) receiving scripts:
 1 _____ Signature: _____
 2 _____ Signature: _____

No. of used Answer scripts received..... No. of unused scripts.....

(To be returned to the Examinations office)

