



OFFICE OF THE DEPUTY VICE CHANCELLOR- ACADEMICS AND STUDENTS AFFAIRS

EXAMINATION ATTENDANCE LIST

SCHOOL: _____ DEPARTMENT: _____

COURSE CODE: _____ COURSE TITLE: _____

DATE OF EXAM: _____ TIME: _____ VENUE _____

Use the space below to indicate the number of candidates present during the examination. Write down the Student's Registration numbers only and Exam Card Numbers. This Form **MUST** be completed in DUPLICATE and a copy **RETURNED** to the Examination Office **IMMEDIATELY** after the Examination.

Admission No.	Exam Card No	Booklet serial No	Admission No.	Exam Card No	Booklet serial No	
.....						NUMBER PRESENT -----
						USUAL NUMBER IN CLASS -----
						INVIGILATORS NAME -----
						INVIGILATORS SIGNATURE -----