EXAMINATION PROCESSING AND SUBMISSION FORM

SCHOOL:…… DEPARTMENT: ……

COURSE CODE: …… COURSE TITLE:……

NUMBER OF CANDIDATES:……

Head of Department to ensure that this form is attached to every examination draft before moderation

1) **Setter (Name of lecturer who taught)** _____**MOBILE no**._____

2). Exam moderation

a). Internal Yes ☐ HOD (name)_____

No ☐ Signature_____Date_____

b). External Yes ☐ External Examiner (Name) _____

No ☐ Signature_____Date_____

3). Proof read Yes ☐ Proof read by_____

No ☐ Signature_____Date _____

4). Exam Submission

a). Submitted by_____ Date_____

Signature _____

b). Received by _____ Date_____

Signature _____

5). Head, Examination a) Approved, If Yes State the number of copies_____

(If moderated)

b). Not Approved, State the reason_____

Signature _____ Date_____