



OFFICE OF THE DEPUTY VICE CHANCELLOR – ACADEMICS AND STUDENTS AFFAIRS

MARKED EXAMINATION DELIVERY FORM

This Form **MUST** be filled in **DUPLICATE**. The original must be **RETAINED** by the Examinations Office and the **COPY RETAINED** by the issuing officer

SCHOOL: _____

ACADEMIC YEAR: _____

DATE: _____

TIME: _____

YEAR OF STUDY (TICK ACCORDINGLY)

FIRST YEAR SECOND YEAR THIRD YEAR

FOURTH YEAR FIFTH YEAR SIXTH YEAR

Course code	Course Title	Mark Sheet	Marking Scheme	Question Paper	COURSE OUTLINE	EXAM ATTENDANCE SHEET	No. of Scripts

ISSUING OFFICER: _____ SIGNATURE: _____

RECEIVING OFFICER: _____ SIGNATURE: _____
FOR EXAMINATIONS OFFICE