



UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
UNIVERSITY OF DAR ES SALAAM
MKWAWA UNIVERSITY COLLEGE OF EDUCATION
DIRECTORATE OF UNDERGRADUATE STUDIES



EXAMINATION CASE REPORTING FORM

1. Personal Profile

Surname:.....Other Names:.....
Sex Mobile No:.....
Registration Number:.....Year of Study(e.g 1st, 2nd):.....
Semester: Academic Year:.....
Programme.....
.....
Department (where the course is hosted:.....
.Faculty:

2. Course Details

Name of the Course.....
Course code:
Reason(s)
.....
Briefly Explain:
.....
.....
.....
.....

DATE SUBMITTED:.....SIGNATURE:

For Official Use Only

3. Comments by the Examination Officer:

a) Processed

b) Not Processed

Remark:
.....
.....
.....
.Name.....Signature: Date:

4. Comments by the Head of Department:

a) Processed

b) Not Processed

Remarks:.....

.....

Name.....Signature:Date:

b) Comments by the Dean of Faculty

a) Processed

b) Not Processed

Remarks:.....

.....

Name.....Signature:Date:

c) Recommendation by the Director of Undergraduate Studies:

a) Recommended

b) Not Recommended

Remarks:.....

.....

Name.....Signature:Date: