



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

---

**INTERNAL MEMO**

**FROM:** Registrar (AA)

**DATE:** 14<sup>th</sup> February, 2022

**TO:** STUDENTS

**REF:** JOOUST/AA/R/S/20

---

**SUBJECT: INSTRUCTIONS ON SPECIAL EXAMS AND RESITS**

**Special** Examinations (Deferred List) AND **Resits** shall be commencing on Wednesday 16<sup>th</sup> February 2022 and Monday, 21<sup>st</sup> February 2022 respectively. Registration for the two exams end on Tuesday 15<sup>th</sup> February 2022. Kindly read the following instructions carefully.

**A. EXAMINATION DATES**

**a) SPECIAL EXAMS: WEDNESDAY, 16<sup>TH</sup> FEBRUARY 2022**

**b) RESITS EXAMS: MONDAY, 21<sup>ST</sup> FEBRUARY 2022.**

**B. ELIGIBILITY FOR SPECIAL EXAMS**

- ❖ Special Exams are for students who were placed on the deferred list in the recently released exam results, and who for one reason or the other did not sit for the exams for reasons known to the Senate or had difficulty in uploading their scripts.
- ❖ Any other student who had challenges known to Senate. E.g. Ill health and could thus not be able sit for the regular exams.
- ❖ You must have cleared fees for the respective year you are taking its Special exam.

**Note: i) Any student who ought to have sat for the ongoing regular exams but deliberately absconded them are not eligible for special exams. ii) Additionally please note that Special exams are not RESITS. You are entitled to full marks and not 'D' as is the case for resits. iii) There is no payment as long as you have cleared the respective semester fees.**

**C. ELIGIBILITY FOR RESIT AND SPECIAL EXAMS**

Registration for RESIT exams will be done at the respective Schools. RESIT AND special Exam application forms are to be filled in Triplicate.

- ❖ List of all students with RESITS or Deferred Exams are found in the website (Released results). You may consult your School incase of doubt.
- ❖ RESIT fee is ksh.300 per paper, while SPECIAL exam attract no payment

- ❖ RESIT and SPECIAL Exams forms are available at the schools AND WEBSITE. Only students who have paid RESIT fees will sit for the exams.
- ❖ School administrators are expected to bring copies of the RESIT application forms to the Registrar Academic Affairs after the exams.
- ❖ The Application form duly signed by the Dean of the school will be used as exam cards.
- ❖ A Copy to be returned to Admissions Office (One Copy for student; One for School and one for Student's file).

#### **D. INSTRUCTIONS ON EXAM CHEATING**

- ❖ Please do not involve yourself in any form of exam cheating. These are University exams and rules against exam cheating apply.

In case of any difficulty kindly see your School Dean, Chairperson of Department or School Administrator.

**Rev. Dr. Walter Akuno, PhD, CPM (MTI).**

**Registrar, Academic Affairs**

**CC. Vice Chancellor, DVC AA, CFO, CODs, Sch Admins, DR Exams, DR Admissions**



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**  
**EXAMINATIONS REGISTRATION FORM (RESIT)**

**Name:** ..... **Registration Number:**

.....

**Academic Year:** ..... **Semester:** ..... **Telephone No:**

.....

Please indicate the course code(s) and title(s) of the exam(s) requested in the space(s) provided below;

S/NO	Course Code	Course Title
1		
2		
3		
4		
5		
6		

Amount paid: Ksh .....(in words).....

.....(Kindly attach copie(s) of receipt(s) of payment)

***Chairperson of Department***

Name:..... Signature & Stamp.....

Date:.....

***Dean of Faculty***

Name:..... Signature & Stamp.....

Date:.....

***Registrar, AA*** Signature& Stamp.....Date.....

**NOTE:** Fees charged:Ksh300 per course

**\*\*\*To be filled in triplicate (Take one to Admissions).**



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

EXAMINATIONS REGISTRATION FORM (**SPECIAL EXAM**)

Name: .....Registration No: .....Date of Exam.....

Academic Year: ..... Semester: .....Telephone No: .....

Please indicate the course code(s) and title(s) of the exam(s) requested in the space(s) provided below;

S/NO	Course Code	Course Title
1		
2		
3		
4		
5		
6		
7		
8		

*Chairperson of Department*

Name:..... Signature & Stamp..... Date:.....

*Dean of School*

Name:..... Signature & Stamp..... Date:.....

**\*\*\*\*To be filled in triplicate**

One Filled Copy to be sent to the Registrar Academic Affairs

No payment for Special Exams.