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(A Constituent College of St Augustine University of Tanzania)



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EXAMINATION COMPLAINTS FORM

NAME.....
EXAM NUMBER.....
CURRENT YEAR OF STUDY.....
MOBILE NUMBER.....
Course..... (E.g. Riwaya ya Kiswahili; Principle of
Education; Population Studies)
Subject code (course).....(E.g. SW 230, EF 100, GE 247)
Done in the Academic year(E.g. 2010/2011)

Tick where appropriate.

Semester	First	[]	Second	[]
Type of examination	i) Final	[]	Repeat	[]
	ii) Supplementary	[]	Special	[]

If it is a repeat done with..... (E.g. BAED 1; BASO1)

Reason for complaint (Explain).....
.....
.....

Student 's Signature.....Date.....

Head of Department Comments.....
.....
.....

Head of Department Signature.....Date.....

Examination Office Decision.....
.....
.....
.....

Name.....Signature.....Date.....

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through the following email: amucta@amucta.ac.tz