



THE TECHNICAL UNIVERSITY OF KENYA
Haile Selassie Avenue, P.O. Box 52428, Nairobi 00200

EXAMINATION SUMMARY FORM

ONLY STUDENTS WHOSE NAMES APPEAR IN THE APPENDED LIST SHOULD BE ALLOWED IN THE EXAMINATION VENUE. NO EXTRA NAMES SHOULD BE ADDED TO THIS LIST. ALL STUDENTS SHOULD DISPLAY THEIR EXAMINATION CARDS.

Date of examination.....

Time.....

Class and year of study.....

Unit (subject).....

No of scripts collected.....

No of students who signed

Invigilator (1) sign.....

Invigilator (2) sign

Invigilator (3) sign

Invigilator (4) sign

Invigilator (5)sign

COMMENTS

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