

REPRESENTATIVE ANSWER SCRIPT COLLECTION FORM

Lecturer's Name : _____

Staff Card Number : _____

Faculty & Department : _____

Mobile Phone Number : _____

Semester : _____

Justification : _____

COURSE DETAILS			
NO.	COURSE CODE	COURSE NAME	DATE AND TIME OF EXAMINATION
1			
2			
3			
4			

REPRESENTATIVE INFORMATION		
1	Representative Name	
2	Designation	
3	Faculty & Department	
4	Mobile Phone Number	

Lecturer's Signature: Date :	Representative Signature: Date :
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FACULTY APPROVAL	
Signature & Official Stamp	
Dean/Academic Deputy Dean	
Date	
Note	

ANSWER SCRIPT COLLECTION VERIFICATION					
*Filled by Secretariat/Examination and Course Evaluation Unit					
NO.	COURSE CODE AND NAME	*TOTAL OF ENVELOPE	*TOTAL OF ANSWER SCRIPT	REPRESENTATIVE	*SECRETARIAT
1				Name and Signature:	Name and Signature:
2					
3				Date:	Date:
4					