

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 : _____

FACULTY APPROVAL	
Signature :	_____
	<i>Dean/Academic Deputy Dean</i>
Date :	_____
Note :	_____

ANSWER SCRIPT COLLECTION VERIFICATION					
NO.	COURSE NAME AND CODE	NO. OF ENVELOPE	NO. ANSWER SCRIPT	REPRESENTATIVE	SECRETARIAT
1				Name and Signature:	Name and Signature:
2					
3					
4					