

LOCAL GOVERNMENT TRAINING INSTITUTE



EXAMINATION QUERY FORM

A: FOR STUDENTS (* Mandatory fields)

*Full Name (as appears in CSEE certificate)							
*Sex		*Programme/Course		*Phone No.			
*Academic Year				*Registration No.			
EXAMINATION QUERIES in SERIAL NUMBERS (Please tick where appropriate)							
EX1	Missing Marks/ Results						
EX2	Incorrect/wrong Recorded Marks						
EX3	Examination Postponement (Attach Permit)						
Course			Academic Year			Semester	
Type of Assessment (Please tick where appropriate)			CA		SE		SUPP
						SPECIAL	FIELD
System (Please tick where appropriate)			NACTE		SIS		
Module(s) code(s)		Facilitator (s) Name(s)		Module(s) code(s)		Facilitator (s) Name(s)	
EX4	Log in Difficulties - SIS (Please state)						
EX5	AVN Number	Programme		Academic Year			
EX6	<u>Other (s) Specify:</u>						

B: FOR OFFICE USE ONLY

Module Facilitator

MODULE CODE	CA	SE	BOOKLET NO.	MODULE CODE	CA	SE	BOOKLET NO.

Comments:.....

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

HOD:(Comments).....

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

Registrar: (Comments).....

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

DR-ARC:(Comments).....

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