



**MZUMBE UNIVERSITY**  
**(CHUO KIKUU MZUMBE)**  
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MZUMBE  
DSM, TANZANIA

**To be filled in duplicate**  
**EXAMINATION APPEAL FORM**

**Part 1**

The Appellant must complete this section (Part 1). Please be as frank as possible. The University will treat your information with great confidence.

1. Appellant Number:..... Examination Script Serial No:.....
2. Date lodged:.....
3. Appeal fee receipt No.:.....
4. Name of Student:.....Exam No.....
5. Name of Programme:.....Year of Study:.....
6. Name of Examination Appealed (End of Semester I/II, End of Quarter I/II/III/IV/Thesis/Dissertation/Special/Supplementary Examination\*<sup>1</sup>)

**Table 1: Appeal against Subjects**

<b>Subject Code</b>	<b>Name of Subject</b>	<b>Final Examination Score (E.E. marks)</b>

<sup>1</sup>Delete inappropriate

**7. Nature of Appeal**

(a) Examination Irregularities Noted:-

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(b) Unfair marking by Internal Examiner

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(c) Other possible Reason:

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I confirm that the information given in Part I are correct.

Appellant's signature:.....

Date:.....

Part II (Confidential)

(To be completed by the Head of Department from which the subject was taught)

8. Recommendations by Head of Department concerning the appeal.

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9. HOD's Name:..... Signature:.....Date:.....

10. Recommendations by the Dean/Director/Principal from which the subject was taught:

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

**Part III**

12. Senate Decision

Senate sitting: ..... Date:.....

Accepted/Rejected:.....

Signature:..... Title:.....Date:.....

*N.B: After the decision of the Senate the Appellant, Internal Examiner(s) and the School/Institute/College in whose programme the student studied must be officially informed.*