

**THARAKA**  
P.O BOX 193-60215,  
MARIMANTI, KENYA



**COLLEGE**

**FORM F**

**UNIVERSITY**  
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*(A Constituent College of Chuka University)*

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**THARAKA UNIVERSITY COLLEGE EXAMINATION PROCESSING FORM**

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**EXAMINATION PERIOD PARTICULARS**

**A. General Details**

Course Code and Title: ..... Stream: .....

Exam Session ..... Year ..... Semester .....

Number of Candidates: ..... Exams date/time: .....

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Exam Session ..... Year ..... Semester .....

Number of Candidates: ..... Exams date/time: .....

Course Code and Title: ..... Stream: .....

Exam Session ..... Year ..... Semester .....

Number of Candidates: ..... Exams date/time: .....

**B. Particulars of the Examiner:**

Name: ..... Designation: .....  
Department: ..... Faculty: .....  
Signature: ..... Date: .....

**C. Submission of Results to the COD (EDUCATION): \_\_\_\_\_**

Submitted by [name]: ..... Signature: .....  
Streams and Number of Scripts per Stream: .....  
.....  
.....  
.....  
.....  
.....  
Received by: ..... Signature  
Date: ..... Official Stamp

**D. Submission of Result to the Dean of the Faculty: \_\_\_\_\_**

Submitted by [name]: ..... Signature: ..... Date .....  
Course mark sheet per stream (pages): .....  
No. of candidates per stream: .....  
.....  
.....  
.....  
Received by (Name): ..... Signature: .....  
Designation: ..... Faculty: .....  
Date: ..... Official Stamp:

**NB:** This form should be submitted to the CoD not later than two weeks after the end of the main examination session and one week after resit/special examinations, alongside the mark sheet and marked scripts.