

## APPLICATION FOR REMARKING

**NB:** Attach payment receipt

Chair of Department

| 10: The Chair, Pwani University Senate                          |
|---|
| IRegistration Number  |
| Programmedo hereby appeal                                       |
| against the grade awarded to me in Unit Code.                   |
| Unit Title  |
| in Semester   |
| I was awarded gradewhich i contest for the following reason(s): |
|   |
|   |
|   |
|   |
|   |
|   |
| Candidates' Signature   |
|   |
|   |
| Approved/ Not Approved  |
|   |
| Name  |
| Chair, Pwani University Senate                                  |
|   |
| Cc:   |
| Dean of School  |