



**MULUNGUSHI UNIVERSITY  
ACADEMIC OFFICE  
EXAMINATIONS RESULTS  
VERIFICATION FORM**

Date: ..... Semester: .....

Nature of Enquiry: .....  
.....

Course Lecturer: ..... Course Code:.....

Name of complainant (Student): .....

**Student No.:** ..... **Cell No.:**

.....  
Programme/Year of study.....

School: .....

Signature of Student: .....

Referred to: .....

Date sent: ..... Date received by School/Centre.....

**ACTION TAKEN BY SCHOOL/CENTRE:** .....

.....  
.....  
.....

**Attended to by:**

Name..... Position: .....

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

Date received by Academic office: .....

Action to be taken by:

- (i) Academic office .....
- (ii) IDE .....
- (iii) ICT Manager .....

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