|  |  |  |  |
| --- | --- | --- | --- |
| COURSE CODE : |  | COURSE LECTURER : |  |
| COURSE NAME : |  | CONTACT NUMBER : |  |
| SEMESTER/YEAR :  |  | NUMBER OF STUDENT :  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MASTERCOPY OF EXAM QUESTION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EXAMINATION QUESTION SET A | √ |  |  | PRINTED BY: |  |  |  | INVIGILATOR: |  |  |  |  | EXAMINER: |  |  |  |  | COORDINATOR: |  |
|  |  |  |  |  | (Name) |  |  |  |  | (Name) |  |  |  |  | (Name) |  |  |  | (Name) |  |
| MARK SCHEME A | √ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANSWER SCRIPT COUNTED  |
|  |  |  |  | DATE: |  |  |  | NO. OF COPIES COLLECTED |  |  |  |  | NO. OF SCRIPT |  |  |  |  | BEFORE COLLECTION? Yes / No |
| EXAMINATION QUESTION SET B | √ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | TOTAL NO. OF COPIES: |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NO. OF SCRIPT |  |  |  |
| MARK SCHEME B |  |  |  |  |  |  |  |  |  |  |  |  | DATE: | TIME: |  |  |  | DATE: | TIME: |  |  |
|  |  |  |  | VERIFIED BY: |  |  |  | EXAM VENUE |  |  |  |  |  |  |  |  |  |  |  |  |  |
| REQUIRED MATERIAL: |  |  |  |  | (Name) |  |  |  |  |  |  |  |  |  |  |  |  | SCHOOL ADMINISTRATOR |  |
| QUESTION PAPER ONLY |  |  |  |  |  |  |  |  |  |  |  | EXAMINER: |  |  |  |  | RECEIVED BY: |  |  |
| ANSWER BOOKLET |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (Name) |  |  |  | (Name) |  |
| GRAPH PAPER |  |  |  | DATE: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PRINTED FORMULA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MCQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OTHERS*(please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUBMITTED TO |  |  |  |  |  |  |  |  |  |  |  |  | NO. OF SCRIPT |  |  |  |  |  |
| EU BY: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NO. OF SCRIPT |  |  |  |
|  | (HOP Name) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE: |  |  |  |  |  |  |  | DATE: |  | TIME: |  |  |  | DATE: | TIME: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANSWER SCRIPT COUNTED |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | BEFORE COLLECTION? Yes / No |  |
| RECEIVED BY: |  |  |  |  | DISTRIBUTION OF EXAM QUESTION |  |  | EXAM UNIT: |  |  |  |  | EXAMINER: |  |  |  |  |  |  |  |
|  | (EU Name) |  |  |  |  |  |  |  |  |  | (Name) |  |  |  |  | (Name) |  |  |  |  |  |
| DATE: |  |  |  | DATE: |  |  |  |  |  |  |  |  |  |  |  |  | SAMPLING: Yes / No |
|  |  |  |  |  |  |  |  | NO. OF COPIES RECEIVED |  |  |  |  | NO. OF SCRIPT |  |  |  |  |  |
|  |  |  |  | VENUE: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DISPOSAL OF USED QUESTION PAPER |  |  |  |  |  |  |  |  |  |  |  |  | DATE: | TIME: |  |  |  | DATE: | TIME: |  |  |
| SHREDED BY: |  |  |  | NO OF COPIES: |  |  |  | EXAM VENUE |  |  |  |  |  |  |  |  |  |  |  |
| DATE: |  |  |  | DISTRIBUTED BY: |  |  |  |  |  |  |  |  |  | EXAMINER: |  |  |  |  | SAMPLING FORWARDED TO LIBRARY |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (Name) |  |  |  |   |  |
|  |  |  |  | RECEIVED BY: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DISPOSAL OF ANSWER SCRIPT |  |  |  |  |  |  |  |  |  |  |  |  | NO. OF SCRIPT |  |  |  |  | RECEIVED BY: |
|  |  |  |  | VERIFIED BY: |  |  |  |  |  |  |  |  |  |  |  |  |  |  (Name) |  |
| SHREDED BY: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE: |  |  |  | DATE: | TIME: |  |  | DATE: | TIME: |  |  |  | DATE: | TIME: |  |  |  | DATE: | TIME: |  |  |