



**EXAMINATION REQUIREMENTS FORM  
SEMESTER ....., ...../..... SESSION**

Subject Code : \_\_\_\_\_ Section: \_\_\_\_\_  
 Course Title : \_\_\_\_\_  
 No of student : \_\_\_\_\_

**FOR OFFICE USE**

Date and Time : \_\_\_\_\_  
 Venue : \_\_\_\_\_ No. of Question: \_\_\_\_\_

**REQUIREMENTS:**

1. \* Answer Booklet
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1 colour	<input type="checkbox"/> 2 colour
2. \* Objective Answer Sheet
 

<input type="checkbox"/>	ABCDE	<input type="checkbox"/> TRUE/FALSE
--------------------------	-------	-------------------------------------
3. \* Graph Paper
 

<input type="checkbox"/>	No. of Graph Paper per Student: _____
--------------------------	---------------------------------------
4. \* Rough Paper
 

<input type="checkbox"/>	No. of Rough Paper per Student: _____
--------------------------	---------------------------------------
5. \* Answer in the Question Paper
 

<input type="checkbox"/>	
--------------------------	--
6. Reference/Statutes/Acts:
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
7. Use of Calculators, etc. : Please state
 

\_\_\_\_\_

\_\_\_\_\_
8. Other Specific Requirement/Instructions:
 

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Examiner

\_\_\_\_\_  
Signature of Examiner

\* Tick  And Fill in \_\_\_\_\_ Where Applicable

**NOTES: Please fill in and submit this form to the Dean's Office, KOS, to facilitate the processing of any requirements.**