

OFFICE OF THE PRESIDENT



National  
Institute of Public  
Administration



EXAMINATION/CONTINUOUS ASSESSMENT  
VERIFICATION FORM

1. RECOMMENDATION FOR VERIFICATION (EXAMINATIONS OFFICER ADMINISTRATION)

Name:..... Sign: ..... Date Stamp: .....

2. I DO NOT RECOMMEND that the following student's results be verified

.....  
To verify CA Mark: [ ] To Verify Exam Mark: [ ]

3. STUDENT'S DETAILS:

StudentNo.:..... StudentName:.....

Programme: ..... Course code: .....Course name: .....

Division : MSD  BSD  LSD Lecturer's name:.....

Mode of Study : Full-Time  Part-Time  Distance Learning

Year/Semester : ..... Contact number: .....

Complaint: Missing CA Mark: [ ] Missing Exam Mark: [ ]

-----For Official Use Only-----

4. SUBJECT LECTURER'S DETAILS

Mode of Study Taught: Full-Time  Part-Time  Distance Learning  (Tick applicable)

Verified CA Mark : [ ] Verified Exam Mark: [ ]

Justification for Verification: .....

Name: ..... Sign: ..... Date: .....

5. HEAD OF DEPARTMENT

Comment: .....

Name: ..... Sign: ..... Date: .....

6. DIVISION HEAD/DIRECTOR

Director's Remarks: .....

Sign: ..... Date: .....

7. EXECUTIVE DIRECTOR

Comment (Tick applicable): APPROVED  NOT APPROVED

Sign: ..... Official Date Stamp:

8. DEPUTY REGISTRAR - ACADEMIC AFFAIRS

Comment: ..... Sign: ..... Date: .....