**KISM F7**

**KENYA INSTITUTE OF SURVEYING & MAPPING**

**SUPERVISORS EXAMINATION REPORT FORM**

**DATE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT** | **SUBJECT** | **ENROLLMENT****NUMBER** | **NUMBER PRESENT** | **NUMBER OF STUDENTS ABSENT** | **NAME OF STUDENTS ABSENT & ADM/NO.**  |  |
|  |  |  |  |  |  |  |

**Supervisors (HOD) Comment** …………………………………………..................................

 Date………Sign……..

**Academic Registrar Comments**…………………………………………… ………………..

 Date………Sign……

**SAD (Academics)**……………………………………………………………………………..

 Date………Sign……

**Deputy Directors Recommendation**…………………………………………………………

 Date………Sign……..