



**KENYA SCHOOL OF LAW  
PARALEGAL TRAINING PROGRAMME**

**MISSING MARKS FORM**

NAME: \_\_\_\_\_ REG. NO: \_\_\_\_\_

TEL. NO: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGN: \_\_\_\_\_

UNIT CODE	COURSE TITLE	TERM/DATE OF EXAM <i>e.g. JULY 2024</i>	NATURE OF COMPLAINT	LECTURER'S NAME

**FOR OFFICIAL USE ONLY**

UNIT CODE	COURSE TITLE	CAT 1 MARKS	CAT 2 MARKS	TOTAL CAT MARKS	REMARKS

Checked by:

Name: \_\_\_\_\_ Sign: \_\_\_\_\_

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