

**MOI UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
**SCHOOL OF MEDICINE**  
**M.B.Ch.B. YEAR FOUR (4)**  
**SPECIAL EXAMINATIONS 2016 / 2017**

**SUPPLEMENTARY / PASS LIST**

The following **ONE (1)** candidate **SATISFIED** the School of Medicine Board of Examiners and College of Health Sciences Academic Board in the **FOURTH YEAR SPECIAL** Examination in **FMT 400** for the M.B.Ch.B Degree and is recommended to **SIT SUPPLEMENTARY** Examination in **PHM 400**. Senate to note.

S/NO	REG. NO.	NAME	UNITS	% UNITS	% TFU
1.	MED/1030/14	ODIWOUR, Brian O.	PHM 400	4	10

**APPROVED BY THE SCHOOL OF MEDICINE BOARD OF EXAMINERS MEETING HELD ON MONDAY, 28TH JANUARY, 2019.**

for: Auditi Elias  
DEAN, SCHOOL OF MEDICINE

28-01-2019  
DATE

**APPROVED BY COLLEGE OF HEALTH SCIENCES ACADEMIC BOARD MEETING HELD ON**  
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**PRINCIPAL COLLEGE OF HEALTH SCIENCES**

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**DATE**

**APPROVED BY SENATE,**

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**CHAIRMAN, SENATE**

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**DATE**