**SCHOOL OF BIOLOGICAL SCIENCES**

**SPECIAL/SUPPLEMENTARY EXAMINATIONS TIMETABLE**

**2019/2020 ACADEMIC YEAR**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY AND DATE** | **9:00 am – 11:00 am** |  |  |  |  **2:00 pm – 4:00 pm** |  |  |
| **WEEK ONE** |  |  |  |  |  |  |  |
|  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **ONLINE****PLATFORM** |  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **ONLINE** |
| MONDAY28/09/2020 |  |  |  |  |  | **L** |  |  |  |  |  |
| TUESDAY29/09/2020 | SZL 103 | SBT 205 | SZL 310 | SZL 401 | E-CLASS | **U** |  | SBA 203 | SBE 302 | SBT 403 | E-CLASS |
| WEDNESDAY30/09/2020 | SZL 101 | SBE 203 | SLZ 302 | SZL 406 | E-CLASS | **N** |  | SBL 204 |  SZE 302 | SZE 405 | E-CLASS |
| THURSDAY01/10/2020 | SBT 102 | SZE 201 | SZL 309 | SBT 416 | E-CLASS | **C** |  | SBT 203 | SBT 317 | SZL 402SBT 418 | E-CLASS |
| FRIDAY02/10/2020 | SZL 102 | SBE 233 | SBT 301SBE 303 | SZL 404SZE 402 | E-CLASS | **H** |  | SZL 202 | SZL 313 | SZL 409 | E-CLASS |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **WEEK TWO** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **VENUE** |  | **YEAR 1**  | **YEAR 2**  | **YEAR 3** | **YEAR 4** | **VENUE** |
| MONDAY05/10/2020 | SBT 103 | SBL 202 | SZL 319SBT 318 | SZE 403SBT 417 | E-CLASS | **L** |  | SZL 203 | SBE 306 SBT 302 | SZL 410SBT 404 | E-CLASS |
| TUESDAY06/10/2020 | SBT 101 | SZL 204SGP 222 | SZL 304SZL 312 | SZE 401SZL 415 | E-CLASS | **U** |  | SBT 202 | SBT 303SZL 308 | SZL 403SBT 401 | E-CLASS |
| WEDNESDAY07/10/2020 | SBT 105 | SBL 205SBE 201 | SZL 301 | SZE 406SBT 402 | E-CLASS | **N** |  | SBL 201 | SZL 315SZL 311 |  SBT 415SGP 428 | E-CLASS |
| THURSDAY08/10/2020 | SBL 101 | SBT 201SBE 202 | SBE 301SBT 304 | SZL 411SBT 413 | E-CLASS | **C** |  | SBT 204 | SZL 303 | SZL 407SZL 405 | E-CLASS |
| FRIDAY09/10/2020 |  | SZL 201SZE 203 | SBT 305/SBE 304 | SBT 405SZL 414 | E-CLASS | **H** |  |  | SBT 319 | SZL 408SZL 417 | E-CLASS |

DIRECTOR, SCHOOL OF BIOLOGICAL SCIENCES

DR. CATHERINE LUKHOBA

SIGNED: ……………………….. DATE: ……………………...