



BARBADOS INSTITUTE OF MANAGEMENT AND PRODUCTIVITY

BIMAP Drive ■ Wildey ■ St. Michael ■ BB14007  
 Phone: (246) 431-4200 ■ Fax: (246) 429-6733  
 Email: office@bimap.com.bb ■ Website: www.bimap.com.bb

EXAMINATION REQUEST FORM			
<input type="checkbox"/> Supplemental Examination <input type="checkbox"/> Challenge Examination <input type="checkbox"/> Re-sit Examination			
<b>National Registration #:</b> _____ <b>Date of Birth:</b> dd /mm /yyyy			
<b>Last Name:</b> _____ <b>First Name:</b> _____ <b>Middle Initial:</b> _____			
<b>Former/Maiden Name:</b> (Where applicable) _____			
<b>Address1:</b> _____			
<b>Address2:</b> _____			
<b>Parish:</b> _____	<b>Postal Code:</b> _____	<b>Country:</b> _____	
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____	<b>Cell Phone:</b> _____	
<b>Email Address:</b> _____			
<b>DETAILS</b> (Where Applicable)		<b>Information:</b>  1. A fee of <b>\$250.00</b> is charged per Examination.  2. Examination fees <b>MUST</b> be paid upon making request for processing to commence.  3. All outstanding matters <b>MUST</b> be settled prior to making request.  4. All fees are payable to: <b>BIMAP</b>	
<b>Course Code:</b> _____	<b>Term</b> _____		<b>Year</b> _____
<b>Course Title:</b> _____			
<b>Lecturer:</b> _____			
<b>Examination:</b> <input type="checkbox"/> MIDTERM <input type="checkbox"/> FINAL <input type="checkbox"/> TEST # _____			
<b>Reason for making request:</b>			
<input type="checkbox"/> <b>Work-related:</b>	Must be accompanied by a letter from employer		
<input type="checkbox"/> <b>Illness:</b>	Must be accompanied by a medical certificate		
<input type="checkbox"/> <b>Travel:</b>	Must be accompanied by travel Itinerary		
<b>SIGNATURE:</b> _____		<b>DATE:</b> _____	
FOR OFFICIAL USE ONLY			
PAYMENT INFORMATION			
Amount Paid: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	
Receipt No: _____	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card	
Date Paid: _____	Cashier's Signature: _____		
RECEIPT OF DOCUMENT			
<input type="checkbox"/> Letter from Employer <input type="checkbox"/> Medical Certificate			
CONFIRMATION OF ATTENDANCE			
<input type="checkbox"/> Will <b>BE</b> Attending <input type="checkbox"/> Will <b>NOT</b> Be Attending			