



EXAMINATION REQUEST FORM

Supplemental Examination Challenge Examination Re-sit Examination

National Registration #: _____ Date of Birth: dd /mm /yyyy

Last Name: _____ First Name: _____ Middle Initial: _____

Former/Maiden Name: *(Where applicable)*

Address1:

Address2:

Parish: _____ Postal Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Course Details *(Where Applicable):*

| Course Code: | Course Title | Tutor | Term | Year | Examination |
|--------------|--------------|-------|------|------|---|
| | | | | | <input type="checkbox"/> Midterm <input type="checkbox"/> Final <input type="checkbox"/> Test #__ |
| | | | | | <input type="checkbox"/> Midterm <input type="checkbox"/> Final <input type="checkbox"/> Test #__ |
| | | | | | <input type="checkbox"/> Midterm <input type="checkbox"/> Final <input type="checkbox"/> Test #__ |

Reason for making request:

Work-related: Must be accompanied by a letter from employer

Illness: Must be accompanied by a medical certificate

Travel: Must be accompanied by travel Itinerary

Information:

- A fee of **\$250.00** is charged per Examination.
- Examination fees **MUST** be paid upon making request for processing to commence.
- All outstanding matters **MUST** be settled prior to making request.
- All fees are payable to: **BIMAP**

SIGNATURE:

DATE:

FOR OFFICIAL USE ONLY

PAYMENT INFORMATION

Amount Paid: \$ _____ Cash Cheque

Receipt No: _____ Debit Card Credit Card

Date Paid: _____ Cashier's Signature: _____

RECEIPT OF DOCUMENT

Letter from Employer Medical Certificate Travel Itinerary Other

CONFIRMATION OF ATTENDANCE

Will **BE** Attending Will **NOT** Be Attending