



BARBADOS INSTITUTE OF MANAGEMENT AND PRODUCTIVITY

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CONFIRMATION OF REGISTRATION/STUDY LEAVE REQUEST FORM

Confirmation of Registration Study Leave *(please tick applicable box/boxes)*

Name of Student:

Address:

Address 1:

Contact Numbers:	H)	W)	C)
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Email Address:

Name of Organization:

Name of Contact Person:

Job Title of Contact Person:

Section B

COURSE DETAILS:

Course code:	Course title:		
Term:	Year:	Duration:	
Days :		Times:	

Section C

EXAMINATION DATES *(if applicable)*

Test 1	Test 2	Mid-Term	Final
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SIGNATURE:	DATE:
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Information:

1. A fee of **\$10.00** is charged per request.
2. All fees are payable to: **BIMAP**
3. Fees **MUST** be paid upon making request for processing to commence.
4. Please allow **three (3)** business days for processing.

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:	