

DEFERRED MID-TERM EXAM REQUEST FORM

Registration Number: _____ Name: _____ Program: _____

Examination: Test / Midterm / Final Mobile Number: _____ Email Address: _____

Reason for missing the scheduled examination (Please attach supporting documents):

Note:

- Deferred Mid-Term Exam Fee is AED 250/- per course.
- 5% VAT applicable as per U.A.E Federal Tax Authority regulations

Student's Signature & Date

COURSE CODE	COURSE NAME	TEACHER'S NAME	TEACHER'S SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			

TOTAL FEE AED

-----Do not write beyond this section-----

(For Office use only)			
Program Manager	Finance Officer	Examination Controller	Records Controller
Approved: Yes/No Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>