



DEFERRED FINAL 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 Final Exam Fee is AED 367.50/- (Including 5% VAT) 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: _____	Remarks: _____	Remarks: _____	Remarks: _____
_____	_____	_____	_____
Signature and Date	Signature and Date	Signature and Date	Signature and Date