

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 262.50/- (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: _____ _____ <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> |