



## GENERAL EXAMINATION APPLICATION FORM

**IMPORTANT:** Print this form. Fill out the spaces and email it to the CDT Group Manager/Coordinator in your region. He/She will send it to Germany HQ on your behalf. The applicant should have already done a course/program with CDT Group, otherwise, no exams will be offered to you.

### 1. STUDENT INFORMATION

Full Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Program/Course Name: \_\_\_\_\_

Level/Intake: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. EXAMINATION DETAILS

Course Department (CIU, DLI or Twikatane?): \_\_\_\_\_

Subject/Course Name: \_\_\_\_\_

Main Instructor Name: \_\_\_\_\_

Preferred Exam Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Or Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Examination Type (Tick one):**

☐ Written

☐ Oral

☐ Practical



☐Online ☐Other: \_\_\_\_\_

### 3. REASON FOR TAKING EXAM (Optional)

(If this is a special request, please explain clearly.)

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Supporting Document Attached: ☐Yes ☐No

If yes, specify type of document: \_\_\_\_\_

### 4. FEE PAYMENT INFORMATION (If Applicable)

**Have you paid any fee related to this examination application?**

☐Yes ☐No

If YES, please complete the following:

Amount Paid: \_\_\_\_\_ (In words: \_\_\_\_\_)

Date of Payment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Payment Method:

☐Cash

☐Bank Transfer

☐Mobile Payment

☐Other: \_\_\_\_\_

Office/Department Where Payment Was Made: \_\_\_\_\_

Name of Officer/Staff Who Received Payment: \_\_\_\_\_



Receipt Number: \_\_\_\_\_ (Please attach proof of payment.)

## 5. STUDENT DECLARATION

I hereby declare that the information provided above is true and correct.

I understand that providing false information may result in disciplinary action.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 6. FOR OFFICIAL USE ONLY

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Review Decision:

☐ Approved

☐ Approved with Conditions

☐ Rejected

Comments:

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Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Official Stamp: