



CDT GROUP GERMANY

Composed of

Central International University, an e-Learning Institute, & Twikatane e-Charity Germany

All Registered in Germany and Accredited to The European Union/EU Law

Germany HQ Address: Beethovenstraße 24, 25337 Elmshorn / Lange Reihe 47, 20099 Hamburg Germany

Zambia Address: Med Trust Academy, Musase Extension, Box 20114, Kalulushi, Lusaka, Zambia

Zambia Contact: +49 176 260 916 49 / 01784976024

Germany: WhatsApp: +49176260801003 Call +4917626091649

Website: www.central-international-university.org

"Offering free and affordable education for the needy-vulnerable with passion and empathy."

Developing communities and nations through social equity investments"

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



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Online

Other: _____

3. REASON FOR TAKING EXAM (Optional)

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

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: _____



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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:

Authorized Signature: _____

Date: ___ / ___ / ___

Official Stamp: