



MISSED EXAMINATION APPLICATION FORM

VERY IMPORTANT: Print this form. Fill out the spaces and email it to the CDT Group Manager/Coordinator in your region and he/she will send it to Germany HQ on your behalf

1. STUDENT INFORMATION

Full Name: _____

Student ID Number: _____

Program/Course Name: _____

Level/Intake: _____

Phone Number: _____

Email Address: _____

2. EXAMINATION DETAILS

Course Name (Missed Exam): _____

Lecturer/Instructor Name: _____

Original Exam Date: _____ / _____ / _____ or Month: _____ Year: _____

Examination Type (Tick one):

☐ Written

☐ Oral

☐ Practical

☐ Online

☐ Other: _____



3. REASON FOR MISSING THE EXAM

(Please explain clearly. Attach supporting documents where applicable: E.g, sick slip, etc.)

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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 missed examination or re-sit request?

☐ Yes ☐ No

If YES, please complete the following:

Amount Paid: _____

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 (if available): _____

(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






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 Composed of
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 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: +4917620801003 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"*

Comments:

Authorized Signature: _____

Date: ____ / ____ / ____

Official Stamp: