



CDT GROUP GERMANY

Composed of

Central International University, an e-learning institution, & Twinklone 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: +49 176 260 016 49 / 01784976024

Germany: WhatsApp: +4917626091649 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."



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: _____



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3. REASON FOR MISSING THE EXAM

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

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



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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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Comments:

Authorized Signature: _____

Date: ___ / ___ / ___

Official Stamp: