

BIMAP Drive = Wildey = St. Michael = BB14007 Phone: (246) 431-4200 = Fax: (246) 429-6733

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CONFIRMATION OF REGISTRATION/STUDY LEAVE REQUEST FORM			
☐ Confirmation of Registration ☐ Study Leave (please tick applicable box/boxes)			
Name of Student:			
Address:			
Address 1:			
Contact Numbers: Email Address:	H)	W)	C)
Name of Organization:			
Name of Contact Person:			
Job Title of Contact Person:			
Section B			
COURSE DETAILS:			
Course code:	Course title:		
Term:	Year:	Duration:	
Days:		Times:	
Section C			
EXAMINATION DATES (if applicable)			
Test 1	Test 2	Mid-Term	Final
SIGNATURE:		DATE:	
Information:			
1. A fee of <b>\$10.00</b> is charged per request.			
2. All fees are payable to: <b>BIMAP</b>			
3. Fees <b>MUST</b> be paid upon making request for processing to commence.			
4. Please allow <b>three (3)</b> business days for processing.			
FOR OFFICIAL LICE ONLY			
FOR OFFICIAL USE ONLY			
PAYMENT INFORMATION			<b>5</b> 0
Amount Paid: \$		□Cash	□Cheque
Receipt No:		□Debit Card	□Credit Card
Date Paid:		Cashier's Signature:	