

REQUEST FOR REIMBURSEMENT OF CERTIFICATION EXAM

STUDENT NAME: LCS NUMBER:
 UNIVERSITY/COLLEGE:
 PROGRAM: DEGREE OBJECTIVE:
 ADDRESS:
 TEL: EMAIL:

LIST OF EXPENSES	AMOUNT	COMMENTS
Date of exam (DD/MM/YY): ... / ... / ... & ... / ... / ...		
Exam center (indicate center in right column)		
Check one of the following: <input type="radio"/> First attempt <input type="radio"/> Second attempt		
Original receipt(s) and results attached (check one): <input type="radio"/> Yes <input type="radio"/> No		
Total amount requested by student	

I hereby declare that the information I have submitted in this request for reimbursement is true and correct. I understand that submission of any false statements or documents will result in the immediate cancellation of this claim and that information on falsification will be inscribed in my academic file and forwarded to the Secretariat of Education in Libya.

..... Student Signature Date Submitted to LCS
----------------------------	--------------------------------

For LCS use only

..... Cultural Counselor's Signature Comments and Date
..... Financial Counselor's Signature Date
..... Date received at LCS Total Amount Approved for Payment