

REQUEST FOR REIMBURSEMENT OF MCCEE FEES

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

LIST OF EXPENSES	AMOUNT	COMMENTS
Date of exam (DD/MM/YY): ... /... /...		
Exam fee (indicate amount in right column)	
Late fee (check one):	
<input type="radio"/> Yes		
<input type="radio"/> No		
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

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Cultural Counselor's Signature

.....
Comments and Date

.....
Financial Counselor's Signature

.....
Date

.....
Date received at LCS

.....
Total Amount Approved for Payment