

## DIPLOMA / DEGREE CLAIM FORM

<b>Date</b>	
<b>Full Name [as per passport]</b>	
<b>Registration Number</b>	
<b>Program enrolled in</b>	
<b>Location</b>	
<b>Mobile Phone</b>	
<b>Email Address</b>	

**Location [Please tick]:**

- Abu Dhabi
- Dubai
- Sharjah
- Al Ain

**Program [Please tick]:**

- Level 7 BTEC Diploma in Strategic Mgt and Leadership
- Canadian Diploma
- Higher National Certificate / Diploma
- Sarhad University Degree
- Other

*I undertake that all above mentioned information is accurate and all my courses in the program are assessed and declared passed. I am aware that, in case if I misrepresent and state factually incorrect information, my certification shall be withdrawn and severe legal action can be taken against me. I may not receive any equivalency from the government authorities.*

Student Signature: \_\_\_\_\_

<b>For Office Use Only</b> [The candidate should not fill in this area]		Date: _____
Received by: _____	<input type="checkbox"/> Release	<input type="checkbox"/> Decline
Comment: _____		
Accounts Dept Signature: _____	Chairman Signature: _____	

Please email the form to [amin@ccisuae.com](mailto:amin@ccisuae.com)