Exam

- Dashboard
- ← Register Exam
- **⇄** Exam Transactions
- Exam Courses and
- Exam Investments

Profile Settings



My Profile 🗸



John Last Name

Doe

Email Address

john.doe@email.com

Contact Number

+123 456 789 000

Address

123 Main Street

Postal Code City/Town
56789 Metropolis

State/Province Country

California United States

- Exam Settings
- Exit Exam Portal

Update

Home

Profile

Exam Registration

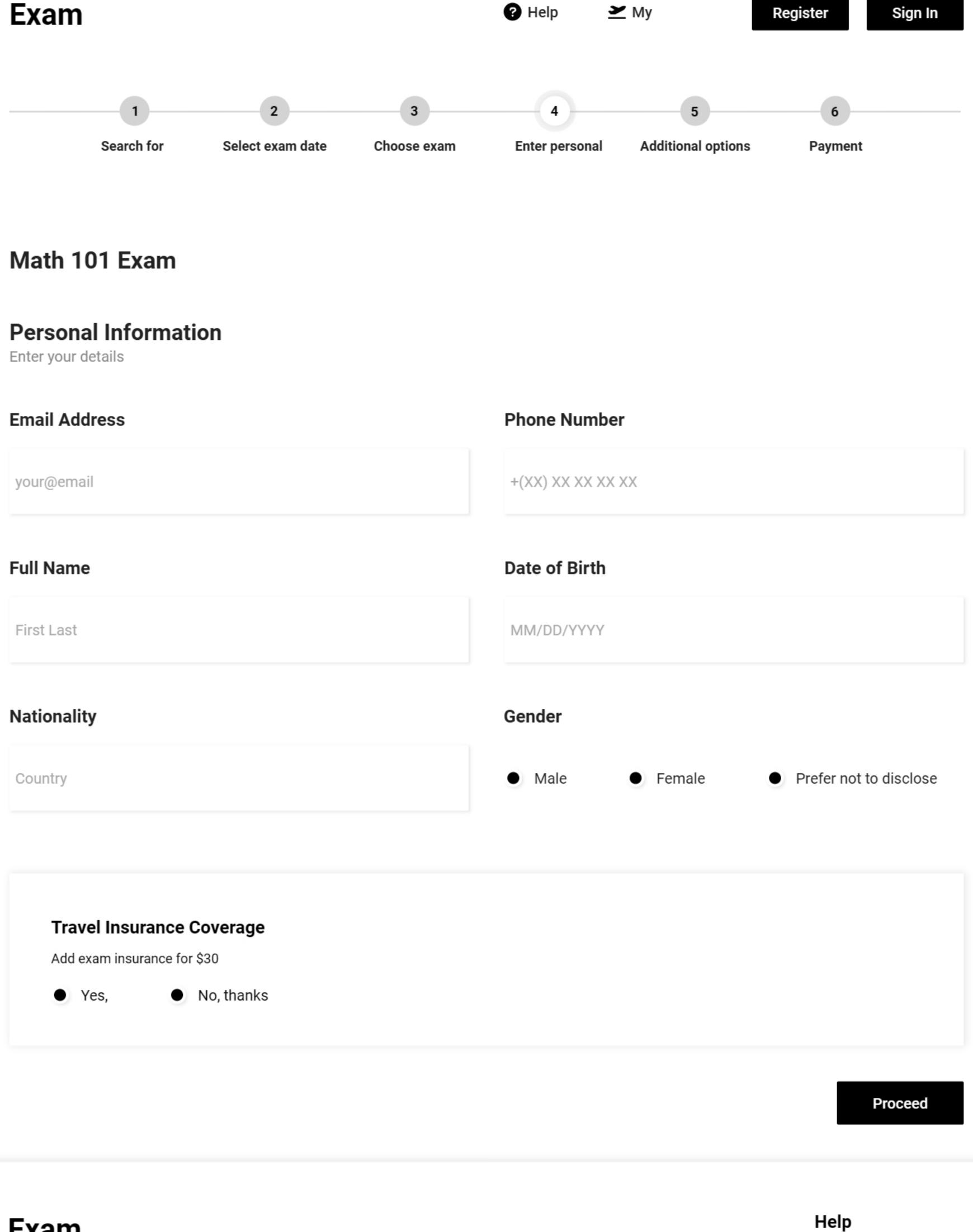
Exam Schedule

Log Out



Click on a date for detailed information

Terms of Service Privacy Policy



Exam

FAQ Support Center How-to **Contact Support**



End Semester Exam Registration

User Information

Full Name Enter your full name	
Student ID Enter your student ID	
Email Enter your email address	
Phone Number Enter your phone number	

Course Selection

Select Courses

Select a course

Exam Details

Exam Date: November 15, 2021

Time: 9:00 AM

Location:Exam Hall A

Special Instructions: Please bring a valid ID card.

Submit Registration













Register New Exam Home



R	egister Exam	^
	Exam List	
	Fee Structure	
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My Exams	~

Available Courses	~
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Exam Schedule ~



Course Code	 Semeste 	Exam	Other
Course Name			
Туре			
Exam Code			
Exam Center			
Tax Rate			
Payment			
Amount Paid			
Alliount Falu			



Registration Fee

Student ID

Tax Rate

Payment Information

Total Amount

\$

Payment Method

Add Exam to List

Cancel Registration

Exit Exam Portal