

# PIUS COMMUNITY VOCATIONAL SERVICES

## EXAM REQUEST FORM

### STARTING A BUSINESS (5764)

#### SECTION I

##### Teacher's section

1. Please note that all teachers must ensure the confidentiality and integrity of their exams in conformity to the Ministry of Education's (MEES) regulations and standards.
2. Please complete the Exam Request Form and submit to the office AT LEAST FIVE (5) working days prior to the exam day.
3. All exams and retakes must be corrected and handed in to Community Services AT LEAST SEVEN (7) working days after the exam day.
4. Please submit the ORIGINAL MARK SHEET and the STUDENTS' ATTENDANCE EXAMINATION SHEET along with exam to the Community Vocational Services office.

Teacher's name: \_\_\_\_\_ Date of Request: 

Y					
	M				
		D			

Program name: STARTING A BUSINESS Program code: 5764

✓	Package #	Module Name	Module Code #
<input type="checkbox"/>	1	1-Business Proposal and Training Process	946-452
		2-Computer Tools	946-462
		3-Business Plan Outline	946-472
<input type="checkbox"/>	2	4-Marketing and Sales	946-487
<input type="checkbox"/>	3	5-Planning Resources	946-494
<input type="checkbox"/>	4	6-The Financial Plan	946-505

#### EXAM DETAILS

For: ☐ Exam ☐ Retake

BIM version: ☐ A ☐ B ☐ C ☐ D ☐ E Other (explain): \_\_\_\_\_

Exam required by: 

Y					
	M				
		D			

Exam official Date: 

Y					
	M				
		D			

Teacher's signature: \_\_\_\_\_

Comments:

#### SECTION II (Pick-up)

##### ADMINISTRATION USE ONLY

Office personnel's signature

Teacher's signature

Y					
	M				
		D			

  
Date issued

Y					
	M				
		D			

  
Date received