



CIPRIANI COLLEGE OF LABOUR AND CO-OPERATIVE STUDIES
STUDENT SERVICES DEPARTMENT

STUDENT SERVICES REQUEST FORM

Please complete and file with the Student Services Department.

Name of Student (Mr, Mrs, Ms):

Student ID Number:

Programme Level: [] Introductory [] Certificate [] Diploma [] Associate [] Bachelor

Programme Name:

Venue: [] Valsayn [] El Dorado [] Pleasantville [] Tobago

Telephone Contact: (H).....(M).....(W).....

Email Address:

Type of Request: [] Letter [] Use of Classroom [] Other

Letter: [] Exam Time Off [] Status/Embassy [] Research [] BIR [] Completion

Address To:

Name of Organization:.....

Name and Position of Employer:

Address of Organization:.....

For Exam Time Off, indicate the days, times, course code and title
For Status Letters, indicate your class days and period of programme
For Research Letters, indicate the topic or title of the paper
For BIR Letters, indicate the period and amount paid
For Completion Letters, indicate your start and completion date

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Use of Classroom: Please indicate the reason, days, times and names of students.

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Other: Please indicate all relevant details.

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Student Signature: Date:

FOR OFFICIAL USE ONLY

Remarks:

Official Signature:

Date: