



**THE CYPRUS INSTITUTE OF MARKETING LTD.**

EUROPEAN OFFICE: P.O.BOX 25288,  
TEL. +22778475, FAX: +22779331, NICOSIA 1308 – CYPRUS  
E- Mail: info@cimabvi.com  
REGISTERED IN THE BRITISH VIRGIN ISLANDS REG. NO. 231384  
(DL.EEF.70)

**EXAMINATIONS ENTRY FORM  
FOR ALL PROGRAMS OF STUDY – DISTANCE LEARNING STUDENTS  
Please complete BOTH sides**

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**1. EXAMINATIONS SESSION**

Please tick the examination date you wish to enter:

JUNE.....  JANUARY.....

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**2. NAME**

This will be used to ensure the correct name is written on any Diploma you may be awarded. ....

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**3. STUDENT REGISTRATION NUMBER**

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**4. HAVE YOU EVER BEEN REGISTERED AS A CIM(BVI) STUDENT BEFORE ? YES/NO**

If YES please enter your old registration number: .....

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**5. EXAMINATION CENTER (Address)**

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E:mail: .....

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**6. PROGRAM OF STUDY REGISTERED FOR:**

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**7. YOUR ADDRESS**

Your examinations results will be sent to this address. Any change of address, temporary or permanent should be notified to us immediately.

Address.....

.....

.....

Town..... Postcode: .....

Country: .....

Business Tel. No. .... Home Tel. No. ....

Fax. : .....

E-Mail: .....

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**8. THE NAME OF YOUR STUDY CENTRE (if applicable)**

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**9. SUBMISSION DEADLINES.**

This form should reach our office as follows:

For the **June** exams by **30<sup>th</sup> April**.

For the **January** exams by **30<sup>th</sup> November**.

**LATE ENTRY IS NOT PERMITTED.**

**10. EXAMINATION FEES PER SUBJECT**

Every student sitting for the any exams MUST pay the fees per subject as stated below.  
NO STUDENT WILL BE ALLOWED TO SIT FOR EXAMINATIONS UNLESS THE  
EXAMINATION ENTRY FORM IS ACCOMPANIED WITH THE APPROPRIATE FEES.

	<u>2010</u>	<u>2011</u>	<u>2012</u>
<b>DIPLOMAS</b>	EURO 70	EURO 75	EURO 80
<b>ADVANCED DIPLOMAS</b>	EURO 80	EURO 85	EURO 85
<b>BACHELOR DEGREES</b>	EURO 90	EURO 100	EURO 90
<b>POSTGRADUATE DIPLOMA</b>	EURO 95	EURO 100	EURO 95
<b>M.Sc./MBA PROGRAMS</b>	EURO 100	EURO 105	EURO 100
<b>THESIS EVALUATION</b>	EURO 200	EURO 200	EURO 200

**11. DECLARATION**

I agree to comply with examination regulations as may be determined by The Cyprus Institute of Marketing (BVI).

I intend to sit for the following subjects:

- 1..... 2.....  
3..... 4.....  
5..... 6.....  
7..... 8.....

**Signed :** .....

**Date:** .....

**12. COMPLETED ENTRY**

Please post your completed form to:

Examinations Officer  
The Cyprus Institute of Marketing Ltd  
European Office  
P.O.Box 25288  
Nicosia 1308  
Cyprus

**The Cyprus Institute of Marketing Ltd is registered in B.V.I Reg.No. 231384**