



IPMA

THE

International Professional Managers Association-UK

General Examination Entry Form

EXAMINATION DATE REQUIRED (please tick)			
January/Feb/March	<input type="checkbox"/>	May/June/July	<input type="checkbox"/>
September/Oct/Nov	<input type="checkbox"/>		
Closing Date		Closing Date	Closing Date
April		Specify Year	

Name (<i>in Block Capitals</i>)			
IPMA Student Membership Registration Number (<i>if any</i>)			
Address			
Telephone		e-mail	
Preferred Examination Centre			
Name of Tuition Provider (if any)			
Examination Level (E.G- Pre-Foundation, Foundation, Intermediate, Professional Part 1, Professional Part 2)			
Examination Stream (E.G, Management , Marketing or ICT)			

Subjects for Examination (Please list number of examination subjects required)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

Note:

1. Applications for exemptions must be supported by documentary evidence of the qualifications which will form the basis for the request for exemptions.
2. Cancellations and amendments to this application are not permitted after the set closing date.
3. Late entries after two weeks of the closing date will not be accepted under any circumstances

DECLARATION

I certify that the information given is, to the best of my knowledge, accurate in all respects. On being accepted as registered student of the IPMA-UK, I agree to abide by the regulations of the Association and comply with conditions of the course provider and of the assessment procedures as laid down and validated by the **IPMA-UK**.

Signature: ----- **Date:** -----