



كلية التطبيقات الصناعية
College of App. Ind. Tech. (CAIT)

CAIT FORM

Form: Examination Envelope

Number

JU39-04-05-02/03

Room Number (.....)

Semester: **Academic Year:**/.....
Department: **Level:**
Course: **Course Code:**
Day: **Date:**/...../.....
Examiner: **Cell phone number:**
Exam Warden: **No. of Papers:** **No. of Examinees:** ...
Invigilators: (1) (2)
Substitute Invigilator and Cell Phone:

To be completed by Examination Committee representative

<input type="checkbox"/> Exam paper	<input type="checkbox"/> Modal Answer (after exam correction)	<input type="checkbox"/> CES <input type="checkbox"/> CLO Survey <input type="checkbox"/> Other Survey	<input type="checkbox"/> Any other material
<input type="checkbox"/> Academic Dishonesty Form	<input type="checkbox"/> Absence Form		