

**ACADEMIC TRANSCRIPT
APPLICATION FORM**

INSTRUCTIONS

1. Student is required to read **IMPORTANT GUIDELINES** carefully.
2. Please fill up this form completely.

SECTION I (To be completed by student)

STUDENT'S PARTICULAR

(Please tick ✓)
APPLICATION

- Partial Transcript
 Replacement of Full Transcript (Graduated Student Only)

NAME
(Capital Letter)

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MATRIC NO

| | | | | | | | | | | | | | | | | | | | | |
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PROGRAMME

EMAIL

CONTACT NO :

(Please tick ✓)
Collection by :

- Hand
 On behalf
Name _____
ID/ Passport No _____
 Post (Address) _____

Date : ___ / ___ / ___ Time : ___ / ___ am/pm

Student's Signature

SECTION II (To be completed by Student Accounts and Procurement Department)

Please tick ✓ :

- Financial Outstanding Yes Amount : _____
 No

| Please tick (✓) | Charges (RM) |
|---|----------------|
| <input type="checkbox"/> Partial Transcript | |
| <input type="checkbox"/> Full Transcript | |
| <input type="checkbox"/> Courier Charges | |

Types of Courier : **Poslaju / Asia Express**

Receipt No. _____

Signature & Stamp

_____/_____/_____
Date

Invoice No: _____

Name : _____

SECTION III (To be completed by Academic Administration Department)

- Date Received from Student _____ / _____ / _____
 Date of Collection (by student) _____ / _____ / _____

IMPORTANT GUIDELINES

- *Payment must be made to Student Account and Procurement Department.*
- *Completed form must be submitted to Academic Administration Department*

Please note on the schedule for collection of transcript:

| Submission Time | Collection Time | Venue of Collection |
|------------------------|--|---|
| Before 11.30 am | 3.00 pm (on the same working day) | <i>Academic Administration Department</i> |
| After 11.30 am | 9.00 am (on the next working day) | <i>Academic Administration Department</i> |

- ***FOUR (4) working days are required for processing the transcript (partial / replacement)
if the student requests through post/fax***