

# APPLICATION FOR REPLACEMENT/COPY OF ACADEMIC TRANSCRIPT

## APPLICANT PARTICULARS

Name	:				
Student ID	:		NRIC No./Passport No.	:	
Mobile Number	:				
Permanent Address	:				
Faculty	:				
Department	:				
Programme	:				
Session Enrolled	:		Graduation Year	:	
Reason of Application	:	<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged	<input type="checkbox"/> Foreign Country Job/Study Application	<input type="checkbox"/> Other _____

I hereby certify that the above information is TRUE and accurate. I am fully responsible if the given information above is FALSE.

<b>SIGNATURE</b>

<b>DATE</b>

**IMPORTANT REMINDER:** PLEASE ENCLOSE PAYMENT PROOF OF RM50.00 AS PROCESSING FEE FOR EACH ACADEMIC TRANSCRIPT.

OFFICE USE			
STUDENT FINANCE UNIT VERIFICATION	EXAMINATION AND COURSE EVALUATION UNIT		
Signature and Verification	Signature and Verification Application Processed	Date Transcript will be prepared within 7 working days (if there's no problem in student academic record).	
		Date Form Received:	
		Transcript Number:	
		Prepared By :	
Date :	Received By:		Date Processed:

APPLICANT COPY	
Expected Date Transcript will be prepared:	
Date Form Received:	Received By :
UPPK BJ CONTACT NUMBER : 03-32805023/32805065 E-MAIL : uppk_bj@unisel.edu.my	
UPPK SA CONTACT NUMBER : 03-55223594/55223595 E-MAIL : uppk_sa@unisel.edu.my	