

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.

SIGNATURE

DATE

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

OFFICE USE		
STUDENT FINANCE UNIT	RECORD AND CONVOCATION DEPARTMENT	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).
	Convocation Date: Verified By :	Date Form Received: Transcript Serial Number: Prepared By :
Date :	Date :	Date Processed: _____

APPLICANT COPY

Expected Date Transcript will be prepared:

Date Form Received:

Received By :