



TRANSCRIPT / TESTIMONIAL REQUEST FORM

INSTRUCTION

STEP 1: Fill out the form.
 STEP 2: Submit the form to the Administration Department for processing

**A PROCESSING TIME IS MINIMUM 3 WORKING DAYS FROM THE DATE OF APPLICATION.
 INCOMPLETE FORM WILL NOT BE PROCESSED.**

REQUEST DETAILS

NAME			
NRIC / PASSPORT NO.			
STUDENT ID		PROGRAM	
CONTACT NO.		INTAKE	
TYPE OF REQUEST	<input type="checkbox"/> TESTIMONIAL LETTER <input type="checkbox"/> TRANSCRIPT <input type="checkbox"/> OTHERS: _____		

_____ SIGNATURE	_____ DATE
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ACKNOWLEDGEMENT OF RECEIPT

NAME	
NRIC / PASSPORT NO.	
CONTACT NO.	

_____ SIGNATURE	_____ DATE
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FOR OFFICIAL USE ONLY

DEPARTMENT	NAME	SIGNATURE	DATE	REMARKS
ACADEMIC				
FINANCE				
ADMINISTRATION				