



Student Testamur Request Form

Personal Details

Student Full Name:		Student ID:	
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Date of Birth:	
Email Id:		Phone no:	
Address:			
Course Code and Course Name:			

Service requested

I would like to request for:

- | | |
|---|--|
| <input type="radio"/> Testamur | <input type="radio"/> Record of Results |
| <input type="radio"/> Statement of Attainment | <input type="radio"/> Completion letter |
| <input type="radio"/> Progress letter | <input type="radio"/> Re-Issue of Certificates and transcript* |

Note: Production of the certificate will be available for collection within 30 calendar days of receipt of the request form.

Student Signature:		Date:	
Collected By Signature:		Date:	

Office Use only

Student's fees up-to date	Yes		No	
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Received by:

Application Processed By: Name:		Sign and date	
Application Checked By: Name:		Sign and date	
Academic Department Approval Name:		Sign and date	
Finance Department Approval Name:		Sign and date	
Manager's Approval		Sign and date	