



NIS Tracking No. _____

Transcript Request Form

Student Name: _____

Student No. _____ Date requested: _____

Contact No. _____ Email Address: _____

Mailing Address: P.O. Box _____ Flat/House No. _____ Block _____
Road _____

NIS Year Graduated: _____ University graduated: _____

Signature: _____

You are hereby requested to collect your transcript after a maximum of 3 working days. Transcript fee BD 3.

For Admin Use only:

Printed by

Checked by

Released by

Note: Transcripts will not be issued during holidays and summer vacation.

23 September 2013