UPSI/IPS-3/BO13 Pind.: 03 m/s: 1/2



EXAMINATION & GRADUATION UNIT INSTITUTE OF GRADUATE STUDIES UNIVERSITI PENDIDIKAN SULTAN IDRIS 35900 TANJUNG MALIM, PERAK

TEL: 05-4505490 / 5485 FAX: 05-4594649 emel / email: uppp.ips@upsi.edu.my

APPLICATION FOR ACADEMIC TRANSCRIPT / SCROLL FORM

SECTION A: APPLICANT DETAILS				
Name :				
IC / Passport Number :				
Matric Number :				
Programme :				
Mode :	Course Work Mixed Mode Research PhD EdD PSK			
Type of Document : (please)	Letter of Completion Academic Transcript Scroll Re-Print Transcript Scroll			
Collection of Document: (please)	In Person Representative By Post Runner			
Address (If Posted) :				
Telephone Number :				

UPSI/IPS-3/BO13 Pind.: 03 m/s: 2/2

SECTION B: REPRESENTATIVE / RUNNER DETAILS (If the applicant represents)

Please fill the below information if you give authorize for your representative / runner to collect the transcript/scroll:

(Compulsory: Attached a copy of representative's identity card/ passport / matric card)

Representative's / F	Runner's Name :	
Identity Card Numb	er /Passport Numb	er: ————————————————————————————————————
Relationship	:	Telephone Number :
with the relevant dep • I understand that my	partment before my tran official transcript will sh	arges, such as library fines, tuition fees or accommodation fees must be cleared script request can be processed. Now my academic record as of the date this order is placed. Seessed if this section of the form has not been signed to authorize the release of my
APPLICANT'S/ RE	EPRESENTATIVE'	SIGNATURE
		Date :
Dicslaimer :		

- The University will only issue the transcript and scroll ONCE. The University will not be responsible if the transcript/scroll may be damaged or lost in the act of giving this consent. Additional copies of transcript/scroll will be charged.
- 2. The university shall not be responsible if official transcript/scroll sent by post are not received, damaged or lost.
- 3. The university shall not be responsible after the transcript/scroll received by representative / runner.

VERIFICATION BY IGS OFFICE			
FOR OFFICE USE ONLY Received Date :			
	Staff Name & Signature : Transcript/Scroll Sent / Collected/ Posted:		